


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000021834</b> 1. Entry Name AMERICAN ORGANICS, LLC	
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Principal Place of Business  
3020 FAIRLANE FARMS ROAD  
SUITE 1  
WELLINGTON, FL 33414

Mailing Address  
3020 FAIRLANE FARMS ROAD  
SUITE 1  
WELLINGTON, FL 33414



04232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1886845	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

HAYES, ROY  
3020 FAIRLANE FARMS ROAD  
SUITE 1  
WELLINGTON, FL 33414

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000134838  
04/28/04-80036-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYES, ROY 3020 FAIRLANE FARMS ROAD SUITE 1 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYES, DAN 3020 FAIRLANE FARMS ROAD, SUITE ONE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAN HAYES

4/26/2004

Date

(561) 791-8166

Daytime Phone #