

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90203 050 ****55.00

DOCUMENT # L02000023592

1. Entity Name
UNITED CITRUS MARKETING, LLC



Principal Place of Business
**4310 77TH STREET
WABASSO, FL 32970 US**

Mailing Address
**P.O. BOX 118
WABASSO, FL 32970 US**

44014601



02112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, KENNETH P
4310 77TH STREET
WABASSO, FL 32970**

**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**

MANAGING MEMBERS/MANAGERS

TITLE	DP
NAME	KENNEDY, KENNETH P
STREET ADDRESS	4310 77TH ST.
CITY - ST - ZIP	WABASSO, FL 32970
TITLE	DVS
NAME	KENNEDY, THOMAS P
STREET ADDRESS	4310 77TH ST.
CITY - ST - ZIP	WABASSO, FL 32970
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

Date _____

Daytime Phone # _____