

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025069

1. Entity Name

FARM DIRECT, LLC



FILED

03 APR 30 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/30/03--01058--002 **50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6806 Knights Griffin Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2462

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City, Florida

City & State

Plant City, Florida

4. FEI Number

32-0036468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michelle Sapp

Street Address (P.O. Box Number is Not Acceptable)

6806 Knights Griffin Road

City

Plant City

FL

Zip Code
33565

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

Michelle Sapp

4/23/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY/MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Michelle Sapp
4720 Gallagher Road
Plant City, FL 33565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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**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:

MICHELLE SAPP, Managing Member

4/23/03 (813)982-1625

Date

Daytime Phone #

CR2E083B (12/02)