

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026299

1. Entity Name
FLORIDA SOY SOLUTIONS LLC



Principal Place of Business
940 OLD MAIL LANE
SANFORD, FL 32773

Mailing Address
940 OLD MAIL LANE
SANFORD, FL 32773



04222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1279070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, ROBERT V
940 OLD MAIL LANE
SANFORD, FL 32773

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME O'CONNELL, ROBERT V
STREET ADDRESS 940 OLD MAIL LANE
CITY-ST-ZIP SANFORD, FL 32773

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04/26/04-80116-014 50.00

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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: Robert V O'Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/04 407-323-6233
Date Daytime Phone #