

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 043 ****50.00

0052685

DOCUMENT # L02000026935

1. Entity Name

H&R PACKING & SALES COMPANY, LLC



Principal Place of Business

**4316 2ND SQUARE, S.W.
VERO BEACH FL**

Mailing Address

**4316 2ND SQUARE, S.W.
VERO BEACH FL**

2. Principal Place of Business

4790 N. Old Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2470

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

VERO Beach, FL

City & State

VERO Beach, FL

4. FEI Number

55-0801768

Applied For

Not Applicable

Zip

32967

Country

Zip

32961

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, RALPH L
3355 OCEAN DRIVE
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MOEM** ☐ Delete
NAME **Miguel E. Rubio**
STREET ADDRESS **4316 2nd Square SW**
CITY-ST-ZIP **VERO Beach, FL 32968**

TITLE **MOEM** ☐ Delete
NAME **Robert J Hamilton III**
STREET ADDRESS **3534 Eleven mile Rd.**
CITY-ST-ZIP **Fort Pierce, FL 34945**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03 (772) 562-3535

Date

Daytime Phone #

CR2E083 (10/02)