

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027970

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** BARTOW CITRUS PRODUCTS, LLC

**Current Principal Place of Business:**

2020 HWY 17  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

582 BEACHLAND BLVD STE 300  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 13-4235287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEILL, RICHARD V JR.  
311 SOUTH SECOND STREET  
FT. PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIAM, BECKER R  
Address: 141 ANCHOR DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM  
Name: PLYMALE, BARTON M  
Address: 1503 NORTH ARCADIA AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: MGRM  
Name: TAYLOR, ANDREW  
Address: 335 OCEAN WAY  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM  
Name: MCGUIRE, SUSAN  
Address: 1107 NORTH ARCADIA AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: MGRM  
Name: BECKER, MARY ANN  
Address: 141 ANCHOR DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM  
Name: BECKER, FERDINAND F III  
Address: 1636 CARIBBEAN DR.  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW TAYLOR

MGRM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date