2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0057622

04-23-2003 90235 021 ****50.00

DOCUMENT # L02000029304

1. Entity Name
FLORIDA ELITE PRODUCE DISTRIBUTION, L.L.C.

Principal Place of Business
1839 NORTH DOVER ROAD
DOVER FL 33527

Mailing Address
1839 NORTH DOVER ROAD
DOVER FL 33527

2. Principal Place of Business
4115 LONGFELLOW DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 70
Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State: PLANT CITY, FL
Zip: 33566 Country: HILLSBOROUGH

City & State: SYDNEY, FL
Zip: 33587 Country: HILLSBOROUGH

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MUELLER, WILLIAM
1839 NORTH DOVER ROAD
DOVER FL 33527

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		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MUELLER, WILLIAM	NAME	
STREET ADDRESS	1839 NORTH DOVER ROAD	STREET ADDRESS	4115 LONGFELLOW DR
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	MGRM ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HINTON, DON	NAME	
STREET ADDRESS	1839 NORTH DOVER ROAD	STREET ADDRESS	1456 WALDEN OAKS PLACE
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	MGRM ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CHANCEY, RICHARD	NAME	
STREET ADDRESS	1839 NORTH DOVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Donald A. Hinton SIGNATURE REQUIRED DONALD HINTON 4-18-03 813-707-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #