2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90235 021 ****50.00

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DOCUMENT # L02000029304

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

Principal Place of Business	Mailing Address
1839 NORTH DOVER ROAD DOVER FL 33527	1839 NORTH DOVER ROAD DOVER FL 33527

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4115 LONGFELLOW DR	P.O. BOX 70
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL	City & State: SYDNEY, FL
Zip: 33566 Country: HILLSBOROUGH	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	7. Name and Address of New Registered Agent
MUELLER, WILLIAM 1839 NORTH DOVER ROAD DOVER FL 33527	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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