

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90018 010 ***138.75

DOCUMENT # L02000029769

1. Entity Name
PALMETTO VEGETABLE COMPANY LLC



Principal Place of Business
**2308 HWY 301 NORTH
PALMETTO, FL 34221**

Mailing Address
**PO BOX 431
BRADENTON, FL 34206**

60002367

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number

02-0651302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHN P. HARLLEE, IV
2308 HWY. 301 N.
PALMETTO, FL 34221**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **PT** ☐ Delete
NAME **HARLLEE, JOHN P IV**
STREET ADDRESS **8106 DESOTO MEMORIAL HIGHWAY**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **VS** ☐ Delete
NAME **HARLLEE, SCOTT A**
STREET ADDRESS **7220 6TH AVENUE NORTHWEST**
CITY-ST-ZIP **BRADENTON, FL 34209**

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 **MANAGER** ☒ Change ☐ Addition
NAME **HARLLEE, JOHN P. IV**
STREET ADDRESS **8106 DESOTO MEMORIAL HIGHWAY**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE **MANAGER** ☒ Change ☐ Addition
NAME **HARLLEE, SCOTT A**
STREET ADDRESS **6014 GLEN ABBEY LANE**
CITY-ST-ZIP **BRADENTON, FL 34202**

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

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

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

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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1-11-08