

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED FILED 5 2005
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034151

1. Entity Name

GLENCOE FARMS, LLC



Principal Place of Business

794 SANDERS ROAD, SUITE 1
PORT ORANGE FL 32127

Mailing Address

PO BOX 290490
PORT ORANGE FL 32129

POSTED
+ 052 2/16/05



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1141786

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

PAYTAS, JAMES W JR.
794 SANDERS ROAD, SUITE 1
PORT ORANGE FL 32127

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, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME PAYTAS, JAMES JR.
STREET ADDRESS 794 SANDERS RD. SUITE 1
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Change ☐ Addition
1100000228702
02/14/05-80046-021 50.00

TITLE ☐ Delete
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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

Date

Daytime Phone #