

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011147

FILED
Mar 26, 2008
Secretary of State

Entity Name: KINGMAN-PLUMMER GROWERS LLC

Current Principal Place of Business:

115 CALABRIA AVE
CORAL GABLES, FL 33114

New Principal Place of Business:

115 CALABRIA AVE
APT. 4
CORAL GABLES, FL 33114

Current Mailing Address:

P.O. BOX 140234
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 55-0824545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUSA, RINEL
255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SOUSA, RINEL
115 CALABRIA AVE
APT. 4
CORAL GABLES, FL 33134 US

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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOUSA, RINEL
Address: P.O. BOX 140234
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR () Delete
Name: SOUSA, PILAR
Address: P.O. BOX 140234
City-St-Zip: CORAL GABLES, FL 33114

Title: MGR () Delete
Name: SOUSA, RANDALL
Address: P.O. BOX 140234
City-St-Zip: CORAL GABLES, FL 33114

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RINEL SOUSA

PRES

03/26/2008

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