

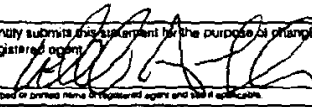
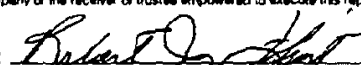
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L03000022427

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

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DOCUMENT # L03000022427			
1. Entity Name SWANQUARTER PRODUCE PACKAGING AND SALES, LLC			
Principal Place of Business 2634 N.W. FLINT ROAD ARCADIA, FL 34266		Mailing Address 2634 N.W. FLINT ROAD ARCADIA, FL 34266	
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
6. Name and Address of Current Registered Agent BROWN, FLETCHER 124 N. BREVARD AVE. ARCADIA, FL 34266		7. Name and Address of New Registered Agent Name: <u>WILLIAM A. HACKNEY</u> Street Address (P.O. Box Number is Not Acceptable): <u>128 WEST OAK ST</u> City: <u>ARCADIA</u> FL Zip Code: <u>34266</u>	
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: <u>3/29/08</u>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLINT, ROBERT J 2634 NW FLINT ROAD ARCADIA, FL 34266 ☐ 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
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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:  Robert J. Flint 2/15/08 863-494-5271			