2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031206



FILED Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90106 044 ***138.75

GRACEWOOD FRUIT COMPANY, ŁLC									
Principal Place of Business Mailing Address 21 ROYAL PALM POINTE P.O. BOX 370 SUITE 201 VERO BEACH, FL 32961 VERO BEACH, FL 32960									
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State		4. FEI Numbe 75-312				plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
DIGUNACOR DA CIVINO A LA C				Name					
21 ROYAL	D PACKING, L.L.C. PALM POINTE - SUITE 201 ACH, FL 32960			Street Address (P.O. Box Number is Not Acceptable)					
, <u> </u>		- 35		City			FL	Zip Code	•
	named entity submits this staffment for ions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or bot	n, in the State of F	iorida. Tam ra	ımınar witn, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	t when reinstating)	_	DATE		
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75	i	•				ke check pa la Departme		*
9.	, MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		1.
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM A. DUDA & SONS, INC. 1975 WEST STATE ROAD 426 OVIEDO, FL 32765	Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHWOOD PACKING, L.L.C. 21 ROYAL PALM POINTE - SUI VERO BEACH, FL 32960			ř				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTHER, JOHN MY 555 SOUTH ATA: VERO BEACH, FL 32963	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VST NEWMAN, PAUL A 21 ROYAL PALM POINTE - SUI' VERO BEACH, FL 32960	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CATY-ST-ZIP		☐ Delete						☐ Change	Addition
11. I hereby a indicated limited lia	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	this filing does not qualify for that my signature shall have e empowered to execute this	or the exe the sam report a	emptions contained e legal effect as if n s required by Chap	in Chapter 119, nade under oath ster 608, Florida	Florida Statutes. I	further certify aging membe	that the info r or manage	rmation or of the

772-567-1151 April 5th.