

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000034242

1. Entity Name  
GRANNY'S PRODUCE AND U-PICK FARM, L.L.C.



Principal Place of Business  
203 SOUTH SEVENTH AVENUE  
WAUCHULA, FL 33873

Mailing Address  
203 SOUTH SEVENTH AVENUE  
WAUCHULA, FL 33873



05012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0215331

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MANLEY, MICHAEL D  
203 SOUTH SEVENTH AVENUE  
WAUCHULA, FL

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MCQUEEN, JOEL
STREET ADDRESS	108 US 27 NORTH
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	MGR
NAME	MANLEY, MICHAEL D
STREET ADDRESS	203 SOUTH SEVENTH AVENUE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/30/08-80073-004-138.75

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #