

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035152

Entity Name: LAUREL DEE FARMS, LLC

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7100 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1389  
SUMMERFIELD, FL 34492

**New Mailing Address:**

FEI Number: 35-2214747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, LAUREL D  
7100 S.E. HIGHWAY 42  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILLIAMS, LAUREL DEE  
Address: P.O. BOX 1389  
City-St-Zip: SUMMERFIELD, FL 34492

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, LAUREL D  
Address: P.O. BOX 1389  
City-St-Zip: SUMMERFIELD, FL 34492

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: LAUREL D. WILLIAMS

MGRM

04/26/2007

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