

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037675

FILED
Aug 27, 2007
Secretary of State

Entity Name: GROWERS MARKETING AGENTS LLC

Current Principal Place of Business:

13837 GERANIUM PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13837 GERANIUM PLACE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0287703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STAFFORD, GARY L
13837 GERANIUM PLACE
WEST PALM BEACH, FL 33414 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAFFORD, GARY L
Address: 13837 GERANIUM PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: SHIVER, DANIEL L JR
Address: 807 IVY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM () Delete
Name: BERGMANN, BRETT C
Address: 13646 CALLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: GARY L STAFFORD

MR

08/27/2007

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