

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000037675

1. Entity Name
GROWERS MARKETING AGENTS LLC



Principal Place of Business
**13837 GERANIUM PLACE
WELLINGTON, FL 33414**

Mailing Address
**13837 GERANIUM PLACE
WELLINGTON, FL 33414**



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0287703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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**

000000788738
01/18/08-80054-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STAFFORD, GARY L
STREET ADDRESS	13837 GERANIUM PLACE
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	MGRM
NAME	SHIVER, DANIEL L JR
STREET ADDRESS	807 IVY DRIVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33414
TITLE	MGRM
NAME	BERGMANN, BRETT C
STREET ADDRESS	13646 CALLINGTON DRIVE
CITY- ST- ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mary L Stafford GARY L STAFFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/08 561-996-6500