

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040023**

1. Entity Name  
**COUNTRY CAKE FARMS, LLC**



Principal Place of Business

**511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**

Mailing Address

**511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2407484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**LASMAN, JEFFREY M ESQ.  
C/O LASMAN & ASSOCIATES, P.A.  
115 PROVIDENCE ROAD  
BRANDON, FL 33511**

**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

1-26-05

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KANE, RICHARD Z  
511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KANE, CHERYL A  
511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KUEBELBECK, K. LEANN  
511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MORGAN, CHRISTY L  
511 EAST BLOOMINGDALE AVENUE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000210630  
02/02/05-80087-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**