

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000040023

1. Entity Name
COUNTRY CARE FARMS, LLC



Principal Place of Business
**511 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511**

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



02102006 No Chg-LLC

CR2E083 (11/05)

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

1100000439214
03/01/06-00037-018 50.00

**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: _____

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

KANE

2-15-06 8136847387

Date

Daytime Phone #