2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000040023

1. Entity Name
COUNTRY CARE FARMS, LLC

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

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

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

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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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KANE, RICHARD Z
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	KANE, CHERYL A
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	KUEBELBECK, K. LEANN
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	MORGAN, CHRISTY L
STREET ADDRESS	511 EAST BLOOMINGDALE AVENUE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/08-80023-018 138.75

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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: _____ 1-18-08 8136847387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #