

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040943

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** BOGER FARMS LLC

**Current Principal Place of Business:**

705 E. HIGHWAY 329  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

705 E. HIGHWAY 329  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 20-0422871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT L. JAMERSON, JR., P.A.  
2655 LE JEUNE ROAD, PENTHOUSE II  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:** MGRM  
**Name:** BOGER, JUAN P  
**Address:** 2655 LE JEUNE ROAD, PH-II  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** BOGER, RICARDO  
**Address:** 12831 SW 2ND ROAD  
**City-St-Zip:** NEWBERRY, FL 32669

I hereby 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:** RICARDO BOGER

MGRM

04/22/2010

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