

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 09, 2006 8:00 am  
Secretary of State

05-09-2006 90008 030 \*\*\*\*55.00

DOCUMENT # L03000046144

1. Entity Name  
GENOR FARMS, LLC



Principal Place of Business  
13539 FOUNTAINVIEW BOULEVARD  
WEST PALM BEACH, FL 33414 US

Mailing Address  
13539 FOUNTAINVIEW BOULEVARD  
WEST PALM BEACH, FL 33414 US

20045223

2. Principal Place of Business

3. Mailing Address

12514 SHORELINE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WELLINGTON

04272006 Chg-LLC CR2E083 (11/05)

City & State

City & State

FLORIDA

4. FEI Number  
20-0444631

Applied For  
Not Applicable

Zip

Country

Zip

33414

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUERBERG, ERIC M ESQ  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BRADY, EUGENE  
13539 FOUNTAINVIEW BOULEVARD  
WEST PALM BEACH, FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:

EUGENE BRADY

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

26/04/2006

Date

561-7939661

Daytime Phone #