

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90434 006 \*\*\*\*55.00

**DOCUMENT # L03000050943**

1. Entity Name

PETERSON'S NATURALLY SWEET HONEY COMPANY, LLC



Principal Place of Business

3000 SOUTHWEST COUNTY ROAD 661  
ARCADIA FL 34266

Mailing Address

3000 SOUTHWEST COUNTY ROAD 661  
ARCADIA FL 34266

2. Principal Place of Business

3000 S.W. County Rd. 661

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA FL

City & State

ARCADIA FL

Zip

34266

Country

Dr. Soto

Zip

34266

Country

USA

4. FEI Number

59-3773639

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 LAW FIRM, P.A.  
115 PROVIDENCE ROAD  
BRANDON FL 33511

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PETERSON, THOMAS  
STREET ADDRESS 3000 SOUTHWEST COUNTY ROAD 661  
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE MGRM  
NAME PETERSON, SANDRA R  
STREET ADDRESS 3000 SOUTHWEST COUNTY ROAD 661  
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas C. Peterson

3/10/04

Date

863-484-5815

Daytime Phone #