


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

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		7. Name and Address of New Registered Agent	
LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 115 PROVIDENCE ROAD BRANDON FL 33511		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 _____ (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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM PETERSON, THOMAS 3000 SOUTHWEST COUNTY ROAD 661 ARCADIA FL 34266 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 000000200506 01/28/05-80030-025 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM PETERSON, SANDRA R 3000 SOUTHWEST COUNTY ROAD 661 ARCADIA FL 34266 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas C. Peterson 1/25/05 863-494-5815
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #