

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050943

FILED
Aug 25, 2009
Secretary of State

Entity Name: PETERSON'S NATURALLY SWEET HONEY COMPANY, LLC

Current Principal Place of Business:

3000 SOUTHWEST COUNTY ROAD 661
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

3000 SOUTHWEST COUNTY ROAD 661
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 59-3773639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
115 PROVIDENCE ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

PETERSON, THOMAS C MR.
3000 SOUTHWEST COUNTY ROAD 661
ARCADIA, FL 34266 US

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: THOMAS C. PETERSON

08/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETERSON, THOMAS
Address: 3000 SOUTHWEST COUNTY ROAD 661
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: PETERSON, SANDRA R
Address: 3000 SOUTHWEST COUNTY ROAD 661
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETERSON, THOMAS C MR
Address: 3000 SOUTHWEST COUNTY ROAD 661
City-St-Zip: ARCADIA, FL 34266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS C. PETERSON

MR

08/25/2009

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