

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009555

FILED  
Aug 03, 2007  
Secretary of State

**Entity Name:** SALVADOR PONCE HARVESTING L.L.C.

**Current Principal Place of Business:**

1705 NORTH LIME ST.  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

1705 NORTH LIME ST.  
PLANT CITY, FL 33566

**New Mailing Address:**

**FEI Number:** 51-0495878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PONCE, SALVADOR  
1705 NORTH LIME ST.  
PLANT CITY, FL 33566      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** PONCE, SALVADOR  
**Address:** 1705 NORTH LIME ST.  
**City-St-Zip:** PLANT CITY, FL 33566

**ADDITIONS/CHANGES:**

**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: PONCE SALVADOR

D

08/03/2007

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