2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000030367

1. Entity Name
THE HERRING FARMS, LLC

Principal Place of Business	Mailing Address
522 SE 897 STREET OLD TOWN, FL 32680	PO BOX 985 OLD TOWN, FL 32680

DO NOT WRITE IN THIS SPACE

02232007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
52-2442976	Not Applicable

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

6. Name and Address of Current Registered Agent

HERRING, KIM
522 SE 897 STREET
OLD TOWN, FL 32680

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IN THIS SPACE

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HERRING, H. DALE
STREET ADDRESS	522 S.E. 897 STREET
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGRM
NAME	HERRING, KIM
STREET ADDRESS	522 S.E. 897 STREET
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80060-017 50.00

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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: _____   4-5-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #