

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/5

FILED
Jun 10, 2008 8:00 am
Secretary of State

05-09-2008 90063 020 ***138.75

DOCUMENT # L04000030367 1. Entity Name THE HERRING FARMS, LLC	
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Principal Place of Business 522 SE 897 STREET OLD TOWN, FL 32680	Mailing Address PO BOX 985 OLD TOWN, FL 32680
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30009141



04182008 No Chg-LLC CR2E083 (12/07)

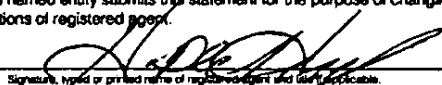
DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2442976	Applied For 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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**DO NOT WRITE
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.

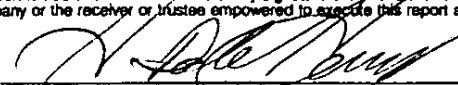
SIGNATURE  (NOTE: Signature, typed or printed name of registered agent and date applicable) DATE 4-23-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

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:  Date 6-2-08 Daytime Phone #