

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000032680

1. Entity Name

WEIRSDALE FAMILY FARMS, LLC



Principal Place of Business

14100 S.E. HIGHWAY 42
WEIRSDALE FL 32195

Mailing Address

P.O. BOX 587
WEIRSDALE FL 32195



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

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

FRITCH, RICHARD J
14100 S.E. HIGHWAY 42
WEIRSDALE FL 32195

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

(Signature typed or printed name of registered agent and fee applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FRITCH, RICHARD J
STREET ADDRESS 14100 S.E. HIGHWAY 42
CITY- ST- ZIP WEIRSDALE FL 32195

TITLE ☐ Change ☐ Addition
NAME 000000847435
STREET ADDRESS 03/19/08-80020-001 143.75
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME SMITH, FRANK W
STREET ADDRESS 14100 S.E. HIGHWAY 42
CITY- ST- ZIP WEIRSDALE FL 32195

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Richard J. Fritch

3/3/08

352 821-2222

Daytime Phone