

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000039982

1. Entity Name

CELERY SEED MARKET, LLC



Principal Place of Business

**1301 MELLONVILLE AVENUE
SANFORD FL 32771
US**

Mailing Address

**241 N. SCOTT AVENUE
SANFORD FL 32771
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1344298

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLTANI, HASSAN G
1301 MELLONVILLE AVENUE
SANFORD FL 32771**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete
NAME: **SOLTANI, HASSAN G**
STREET ADDRESS: **241 N. SCOTT AVENUE**
CITY-STATE-ZIP: **SANFORD FL 32771**

TITLE: **MGRM** ☐ Delete
NAME: **SOLTANI, CYNTHIA**
STREET ADDRESS: **241 N. SCOTT AVENUE**
CITY-STATE-ZIP: **SANFORD FL 32771**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000645773
03/06/07-80003-006 50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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CITY-STATE-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

Cynthia Soltani 2/18/07 404 330 4708

Date

Daytime Phone #