2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040104

Entity Name: POLKDALE FARMS LLC

City-St-Zip:

HAINES CITY, FL 33844

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 762 EDISON RD AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 762 EDISON RD AUBURNDALE, FL 33823 FEI Number: 20-1154385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRASWELL, WILLIAM C BRASWELL, WILLIAM C 762 EDISON RD 762 EDISON RD AUBURNDALE, FL, FL 33823 US AUBURNDALE, FL 33823 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: 01/14/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BRASWELL, CATHERINE W Name: Name: Address: 762 EDISON RD Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BRASWELL, WILLIAM C Name: Address: 762 EDISON RD Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DUNLAP, TYSON R Name: Name: 221 KUDER RANCH RD Address: Address:

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.

City-St-Zip:

SIGNATURE: WILLIAM C BRASWELL MGRM 01/14/2009