

**2006.LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044868

1. Entity Name
DOVER FRESH PRODUCE, LLC



Principal Place of Business
**3120 NORTH DOVER ROAD
DOVER, FL 33527**

Mailing Address
**PO BOX 959
DOVER, FL 33527**



02222006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1260206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, MARCUS G
3120 NORTH DOVER ROAD
DOVER, FL 33527**

**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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STICKLES, JOHN B
3932 MOORES LAKE ROAD
DOVER, FL 33527**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMSON, SAMUEL
2305 SYDNEY DOVER ROAD
DOVER, FL 33527**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAMSON, MARCUS G
P.O. BOX 279
DOVER, FL 335**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000562485
05/19/06-80055-025 50.00

**DO NOT WRITE
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: *Marcus G Williamson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/06 813-659-0400
Date Daytime Phone #