2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L04000044868

1. Entity Name
DOVER FRESH PRODUCE, LLC

Principal Place of Business	Mailing Address
3120 NORTH DOVER ROAD DOVER, FL 33527	PO BOX 959 DOVER, FL 33527

02202007 No 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000700415
04/20/07-80016-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STICKLES, JOHN B
STREET ADDRESS	3932 MOORES LAKE ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	MGRM
NAME	WILLIAMSON, SAMUEL
STREET ADDRESS	2305 SYDNEY DOVER ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	MGRM
NAME	WILLIAMSON, MARCUS G
STREET ADDRESS	P.O. BOX 279
CITY-ST-ZIP	DOVER, FL 335
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Date Daytime Phone #