

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90353 005 ****50.00

DOCUMENT # L04000048058

1. Entity Name
M.P. FARMERS L.L.C.



Principal Place of Business
**4608 ATWOOD DR
ORLANDO, FL 32828**

Mailing Address **Rollin Priest / President**
6421 STREAMPORT DR. 4608 Atwood Drive
ORLANDO, FL 32822 Orlando FL 32828

60034296



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

M.P. Farmers LLC

3. Mailing Address

M.P. Farmers LLC

Suite, Apt. #, etc.
4608 Atwood Dr

Suite, Apt. #, etc.
4608 Atwood Dr

City & State
Orlando FL

City & State
Orlando

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0260807

Applied For
☐ Not Applicable

Zip
32828

Country
USA

Zip
FL 32828

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRIEST, ROLLIN E
4608 ATWOOD DR
ORLANDO, FL 32828**

7. Name and Address of New Registered Agent

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

Rollin E. Priest

4/4/07

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MOELNER, LOIS L ☐ Delete
4608 ATWOOD DR
ORLANDO, FL 32828

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

TITLE
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PRIEST, ROLLIN E ☐ Delete
4608 ATWOOD DR
ORLANDO, FL 32828

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Rollin E. Priest

4/4/07

407-273-3136

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

Date

Daytime Phone #