

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089008

1. Entity Name

S & O FARMS OF SOUTHWEST FLORIDA, LLC



Principal Place of Business
**90 YEOMANS AVENUE
LABELLE FL 33935
US**

Mailing Address
**P.O. BOX 490
LABELLE FL 33975
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1983230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOY, JOHN B JR
90 YEOMANS AVENUE
LABELLE FL 33935**

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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMITH, THOMAS A
P.O. BOX 1003
LABELLE FL 33975** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**U00000571264
07/19/06-80011-003 50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
O'BANNON, CALVIN
P.O. BOX 177
IMMOKALEE FL 34143** ☐ Delete

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

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☐ Change ☐ Addition

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:

Thomas A Smith

7/12/06 863 675 3777

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

Date

Daytime Phone #