2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023651

1. Entity Name
LAFAYETTE DAIRY, LLC

Principal Place of Business	Mailing Address
10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2503101	Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, LOUIS E JR.
10,000 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972

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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 _____

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000838894
03/05/08-80047-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LARSON, LOUIS E JR.
STREET ADDRESS	10,000 HIGHWAY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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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: _Louis E Larson_ / Louis E. LARSON Jr Manager 2/22/08 863-763-7947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #