

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90051 019 ***138.75

DOCUMENT # L05000026850

1. Entity Name
UPDIKE CITRUS SERVICES, LLC



Principal Place of Business
**405 FREDERICK AVE.
EAST END
DUNDEE, FL 33838**

Mailing Address
**PO BOX 1274
DUNDEE, FL 33838**

2. Principal Place of Business - No P.O. Box #
100 Packing House Rd.

3. Mailing Address
P O Box 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152008 Chg-LLC CR2E083 (12/06)

City & State
Bartow, FL

City & State
Alturas, FL

4. FEI Number
20-2485655

Applied For
Not Applicable

Zip
33830

Country
Polk

Zip
33820

Country
Polk

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

6. Name and Address of Current Registered Agent

**UPDIKE, D. CLINTON II
405 FREDERICK AVE., EAST END
DUNDEE, FL 33838**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
100 Packing House Rd

City
Bartow

FL

Zip Code
33830

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
UPDIKE, D. CLINTON II
STREET ADDRESS
4362 SIMPSON LANE
CITY-ST-ZIP
HAINES CITY, FL 33844

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**1730 Crump Rd.
Winter Haven, FL 33881**

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

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

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

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

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

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:

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

4/15/08 863-537-5121

Date

Daytime Phone #