

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029719

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: SOUTH MOON FARMS, LLC

**Current Principal Place of Business:**

62270 FRONTIER CIRCLE  
LABELLE, FL 33935

**New Principal Place of Business:**

2187 FRONTIER CIRCLE  
LABELLE, FL 33935

**Current Mailing Address:**

62270 FRONTIER CIRCLE  
LABELLE, FL 33935

**New Mailing Address:**

2187 FRONTIER CIRCLE  
LABELLE, FL 33935

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORBITT, BRUCE  
62270 FRONTIER CIRCLE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

CORBITT, BRUCE  
2187 FRONTIER CIRCLE  
LABELLE, FL 33935 US

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.

SIGNATURE:

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORBITT, BRUCE  
Address: 62270 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORBITT, BRUCE  
Address: 2187 FRONTIER CIRCLE  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRUCE CORBITT

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date