

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031859

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: BEER FAMILY GROUP LLC

**Current Principal Place of Business:**

5998 SEARS RD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 158  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-2596809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEER, BRYAN  
1021 CR 78, C/O BOX 158  
LABELLE, FL 33935 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: A & B HARVESTING  
Address: PO BOX 158  
City-St-Zip: LABELLE, FL 33975

Title: MGR  
Name: BEER, BRYAN  
Address: 1021 CR 78  
City-St-Zip: LABELLE, FL 33935

Title: MGRM  
Name: BEER FAMILY GROVES LLC  
Address: PO BOX 158  
City-St-Zip: LABELLE, FL 33975

Title: MGRM  
Name: BEER, VICTOR  
Address: PO BOX 158  
City-St-Zip: LABELLE, FL 33975

Title: MGRM  
Name: NEMITZ, DEBRA  
Address: PO BOX 158  
City-St-Zip: LABELLE, FL 33975

Title: MGRM  
Name: STOLLER, BRENDA  
Address: 306 SPRING WALK  
City-St-Zip: PEACHTREE, GA 30269

I hereby 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: BRYAN BEER

MGR

04/13/2012

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