

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000047721

1. Entity Name

ULTRA FRESH FOOD PROCESSING, LLC



Principal Place of Business

315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142

Mailing Address

P.O. BOX 3088
IMMOKALEE, FL 34143



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4125117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E
1715 MONROE STREET
FT. MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEISINGER, SHERYL A
STREET ADDRESS	315 E NEW MARKET RD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	P
NAME	WEISINGER, SHERYL A
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	WEISINGER, JAIME
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	DESSAK, PETER
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	PRESS, MAXWELL L
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	VST
NAME	PURSE, TOBY K
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142

U000000808156
02/07/08-80037-020 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Sheryl A. Weisinger*

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

Date

Daytime Phone #

1/8/08

239-657-4421