

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90083 015 ***138.75

DOCUMENT # L05000048287

1. Entity Name
KOPALI ORGANICS LLC



Principal Place of Business
**13225 BISCAYNE ISLAND TER.
NORTH MIAMI, FL 33181**

Mailing Address
**13225 BISCAYNE ISLAND TER.
NORTH MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #
8101 Biscayne Blvd.

3. Mailing Address
8101 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 609

Unit 609

City & State
Miami, FL

City & State
Miami, FL

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
36-4575195

Applied For
☐ Not Applicable

Zip
33138

Country
United states

Zip
33138

Country
United states

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

6. Name and Address of Current Registered Agent

**BROOKS, NORMAN N
13225 BISCAYNE ISLAND TER.
NORTH MIAMI, FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

1-11-08

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BROOKS, STEPHEN R
13225 BISCAYNE ISLAND TER.
NORTH MIAMI, FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAIDMAN, ZACHARY S
2002 ADDISON ST. #202
BERKELEY, CA 94704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

Date

Daytime Phone #

1-11-08

25-751-734