

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90156 003 \*\*\*\*50.00

DOCUMENT # L05000049127

1. Entity Name  
TAMAGNI FARMS FLORIDA L.L.C.



Principal Place of Business  
1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426 US

Mailing Address  
PO BOX 7398  
SPRECKELS, CA 93962

**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-3594073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOWNEY, MARGHERITA ESQUIRE  
9777 NICKELS BLVD. #701  
BOYNTON BEACH, FL 33436

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TAMAGNI, JOHN D  
150 HITCHCOCK ROAD  
SALINAS, CA 93908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TAMAGNI, JAMES S  
25447 LARKSPUR COURT  
SALINAS, CA 93908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TAMAGNI, RICHARD J  
22313 BERRY DRIVE  
SALINAS, CA 93908

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** \_\_\_\_\_

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

4/18/07 (831) 455-1233

Date

Daytime Phone #