

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90420 021 ****50.00

DOCUMENT # L05000059933

1. Entity Name

EKC CITRUS GROWERS, LLC



Principal Place of Business

**3088 SW FENDER AVENUE
ARCADIA FL 34266**

Mailing Address

**3088 SW FENDER AVENUE
ARCADIA FL 34266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4306952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, ERIK E
3088 SW FENDER AVENUE
ARCADIA FL 34266**

Name

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

City

FL

Zip Code

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 \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CHRISTOPHEL, EMMANUEL K**
STREET ADDRESS **9056 NW KEEN STREET**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **MGRM** ☐ Delete
NAME **CAIN, THOMAS D**
STREET ADDRESS **7192 ENVIRONMENTAL LAB STREET**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **MGRM** ☐ Delete
NAME **OLSON, ERIK E**
STREET ADDRESS **3088 SW FENDER AVENUE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **MGRM** ☐ Delete
NAME **OLSON, FREDERICK K**
STREET ADDRESS **15 WEST CIRCLE STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **MGRM** ☐ Delete
NAME **SENSENG, DANIEL M**
STREET ADDRESS **7192 ENVIRONMENTAL LAB STREET**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frederick K. Olson

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

2-10-06 (863) 873-1862

Date

Daytime Phone #