

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

138.75

**FILED**

**May 01, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L05000065936**



1. Entity Name  
**SPECIMEN PLANTS LLC**

Principal Place of Business  
**8245 134TH STREET  
ROSELAND, FL 32957 US**

Mailing Address  
**PO BOX 1150  
ROSELAND, FL 32957 US**



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0612112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**CADLE, TERRY L  
8245 134TH STREET  
ROSELAND, FL 32957**

**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**

U00000936684  
05/27/08-80020-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CADLE, TERRY L 8245 134TH STREET ROSELAND, FL 32957</b>
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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**

4/28/08

Date

3137  
772-766-3137

Daytime Phone #