

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073276

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** HILLANDALE QUALITY FEEDS, LLC

**Current Principal Place of Business:**

9561 S.W. STATE ROAD 121  
LAKE BUTLER, FL 32054 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 448  
LAKE BUTLER, FL 32054 US

**New Mailing Address:**

**FEI Number:** 20-3203972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, JAMES J JR  
420 SOUTH LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HAZEN, SR, JACK E  
**Address:** 13055 SW 175TH AVE  
**City-St-Zip:** BROOKER, FL 32622 US

**Title:** MGR  
**Name:** DAVIS, JASON S  
**Address:** 13517 SW 191ST AVENUE  
**City-St-Zip:** BROOKER, FL 32622 US

**Title:** MGR  
**Name:** DAVIS, PHILLIP W  
**Address:** 13593 SW 175TH AVENUE  
**City-St-Zip:** BROOKER, FL 32622

**Title:** MGR  
**Name:** DAVIS, HAROLD P  
**Address:** 15454 SW SR 231  
**City-St-Zip:** BROOKER, FL 32622

**Title:** MGR  
**Name:** DAVIS, RUTH H  
**Address:** 15454 SW SR 231  
**City-St-Zip:** BROOKER, FL 32622

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JACK E. HAZEN, SR.

MGR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date