

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000073627 1. Entity Name SEVEN RIVERS FARMS, LLC	
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Principal Place of Business 9124 GALLUP CIRCLE SPRING HILL, FL 34608	Mailing Address 9124 GALLUP CIRCLE SPRING HILL, FL 34608
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DO NOT WRITE IN THIS SPACE


03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3216351	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PASTORE, JOSEPH
9124 GALLUP CIRCLE
SPRING HILL, FL 34608**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

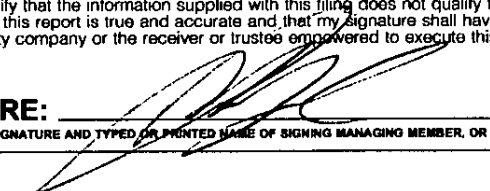
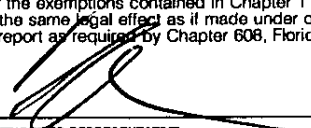
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03/28/08-80024-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZZUCO, JOSEPH JR 10373 RAMBLE RIDGE COURT WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTORE, JOSEPH 9124 GALLUP CIR SPRING HILL, FL 34608
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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:   **3-10-08** **279-7525** **(352)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #