

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-20-2006 90025 005 ****50.00

DOCUMENT # L05000075914 1. Entity Name SEMINOLE PRODUCE & ASSOCIATES, LLC					
Principal Place of Business 306 W. 13TH STREET SANFORD, FL 32771 US			Mailing Address 306 W. 13TH STREET SANFORD, FL 32771 US		
2. Principal Place of Business		3. Mailing Address PO Box 4521			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SANFORD FL		4. FEI Number 56-2582430	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32772		Country USA		04182006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ROBERTSON, DONNIE 306 W. 13TH STREET SANFORD, FL 32771				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Donnie Robertson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-18-06</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME Mgr. Company Manager <input type="checkbox"/> Delete Don C Robertson STREET ADDRESS 232 Quay Assisi CITY-ST-ZIP New Smyrna Beach, FL 32169				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME Mgr. Member <input type="checkbox"/> Delete Susan M. Robertson STREET ADDRESS 232 Quay Assisi CITY-ST-ZIP New Smyrna Beach, FL 32169				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Don C. Robertson</i></u> Don C. Robertson, Mgr. <u>4-18-06</u> <u>407-474-1597</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					