

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L05000077679**

1. Entity Name  
**PARI FARMS LLC**



Principal Place of Business

**6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**

Mailing Address

**6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**



04182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
METZLER, KENNETH  
6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
METZLER, INGRID  
6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
METZLER-ROCKE, ARIANNA  
6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
METZLER, INGRID  
6305 NORTHWEST 23RD STREET  
MARGATE, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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

Date

Daytime Phone #