

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079101

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: CITRUS DIRECT LLC

**Current Principal Place of Business:**

8043 LAKE LOWERY ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1406 PALM DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 27-0387669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KATROS, HANS  
1406 PALM DRIVE  
WINTER HAVEN, FL 33884      US

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      ( ) Delete  
Name: KATROS, HANS  
Address: 1406 PALM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGR      ( ) Delete  
Name: KATRAS, JAMIE  
Address: 1406 PALM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Change ( ) Addition  
Name: KATROS, JAMIE  
Address: 1406 PALM DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMIE KATROS

MGR

07/15/2009

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