

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000099337

1. Entity Name

CLOSSHEY SOUTH 39 FARM, L.L.C.



Principal Place of Business

2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566

Mailing Address

2111 N. GOLFVIEW DRIVE
PLANT CITY, FL 33566



03202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3871916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLOSSHEY, JENNIFER E
2111 N GOLFVIEW DR
PLANT CITY, FL 33566

**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	MGRM
NAME	CLOSSHEY, JENNIFER E MGRM
STREET ADDRESS	2111 N GOLFVIEW DR
CITY-ST-ZIP	PLANT CITY, FL 33566

TITLE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jennifer E Closshey

4/18/08 Date

(813) 754-5350

Daytime Phone #