

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111001

Entity Name: MY MARILYN FARMS LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

10195 NW 160 STREET  
REDDICK, FL 32686 US

**New Principal Place of Business:**

**Current Mailing Address:**

10195 NW 160 STREET  
REDDICK, FL 32686 US

**New Mailing Address:**

FEI Number: 20-4273825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WAMPLER, MARILYN  
10195 NW 160 STREET  
REDDICK, FL 32686 US

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

KIMMERLING, MARILYN  
10195 NW 160 STREET  
REDDICK, FL 32686 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: MARILYN KIMMERLING

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WAMPLER, MARILYN  
Address: 10195 NW 160 STREET  
City-St-Zip: REDDICK, FL 32686 US

Title: MGRM ( ) Delete  
Name: KIMMERLING, STEVE  
Address: 10195 NW 160 STREET  
City-St-Zip: REDDICK, FL 32686 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KIMMERLING, MARILYN  
Address: 10195 NW 160 STREET  
City-St-Zip: REDDICK, FL 32686 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN KIMMERLING

MGRM

01/04/2007

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