

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90373 018 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30007671



04192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000001117			
1. Entity Name FERNANDO FARMS, LLC			
Principal Place of Business 360 HERNANDO AVENUE SARASOTA, FL 34243		Mailing Address 360 HERNANDO AVENUE SARASOTA, FL 34243	
2. Principal Place of Business, No P.O. Box # 2807 Windsor Hill Dr.		Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Windsor Hill Fla		City & State	
Zip 34786 -		Country USA	
3. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 204030924	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUTY, DENNIS E 360 HERNANDO AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGR KUTY, DENNIS E 360 HERNANDO AVENUE SARASOTA, FL 34243		2807 Windsor Hill Dr. 34786- Windsor Hill Fla 8205	
MGR KUTY, ADELAIDA 360 HERNANDO AVENUE SARASOTA, FL 34243		2807 Windsor Hill Dr. 34786- Windsor Hill Fla 8205	
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: _____		Date: 4/19/07 941-626-1093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	