

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000002225 1. Entity Name 4B FARMS, LLC	
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Principal Place of Business 2785 CAMEL CIR MIDDLEBURG, FL 32068	Mailing Address 2785 CAMEL CIR MIDDLEBURG, FL 32068
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DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4067189	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOYETTE, DALE R 2785 CAMEL CIR MIDDLEBURG, FL 32068
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**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.

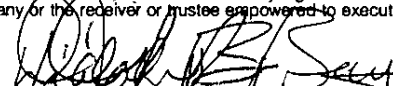
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**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	MGRM BOYETTE, DALE R 2785 CAMEL CIR MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LAPRADD, CHARLES A 29353 SW 165 AVE HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHAUNCEY, PAUL B III 18933 76TH ST LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RIVERA, DERIC W SR 12711 SW 188 ST MIAMI, FL 33177
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:  **4-23-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #