## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000002225

Entity Name: 4B FARMS,LLC

Address:

City-St-Zip:

12711 SW 188 ST

MIAMI, FL 33177

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2785 CAMEL CIR MIDDLEBURG, FL 32068 **Current Mailing Address: New Mailing Address:** 2785 CAMEL CIR MIDDLEBURG, FL 32068 FEI Number: 20-4067189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYETTE, DALE R 2785 CAMEL CIR MIDDLEBURG, FL 32068 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BOYETTE, DALE R Name: Name: 2785 CAMEL CIR Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LAPRADD, CHARLES A Name: Address: 29353 SW 165 AVE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CHAUNCEY, PAUL B III Name: Name: Address: 18933 76TH ST Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: RIVERA, DERIC W SR Name:

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.

Address:

City-St-Zip:

SIGNATURE: DALE R BOYETTE MGRM 04/27/2009