


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000051692 1. Entity Name SUMTER SOD FARMS, LLC	
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Principal Place of Business 298 S. WASHINGTON AVE. CENTER HILL, FL 33514 US	Mailing Address P.O. BOX 691 CENTER HILL, FL 33514 US
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1236351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOZANO, GINA R
909 CR 481W
LAKE PANASOFFKEE, FL 33538**

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

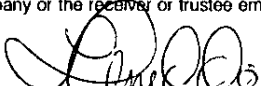
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARREDONDO, LORENE 298 S. WASHINGTON AVE. CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARREDONDO, ALFREDO 298 S. WASHINGTON AVE. CENTER HILL, FL 33514
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IN THIS SPACE**

03/27/08-80075-006 8.75

03/27/08-80075-006 143.75

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:  **2/28/08** **352-548-7972**

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