2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# L06000065351

Entity Name: CIRCLE W FARMS, LLC

Current Principal Place of Business:

8244 LAKE LOWERY ROAD
HAINES CITY, FL 338844

New Principal Place of Business:

Current Mailing Address:

8244 LAKE LOWERY ROAD
HAINES CITY, FL 338844

New Mailing Address:

FEI Number: 20-5135221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, JAMES E
8244 LAKE LOWERY ROAD
HAINES CITY, FL 338844 US

Name and Address of New Registered Agent:

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:

Title: MGRM
Name: WRIGHT, HERMAN E
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

Title: MGRM
Name: WRIGHT, JAMES E
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

Title: MGRM
Name: WRIGHT, JUSTIN
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

Title: MGRM
Name: WRIGHT, PATRICIA
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

Title: MGRM
Name: WRIGHT, JOY
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

Title: MGRM
Name: WRIGHT, CHASITY
Address: 8244 LAKE LOWERY ROAD
City-St-Zip: HAINES CITY, FL 338844

I hereby 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 Statues.

SIGNATURE: JAMES E. WRIGHT MGRM 04/20/2012

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