

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074647

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** TRIPLE C FARM, LLC

**Current Principal Place of Business:**

P. O. BOX 488  
EATON PARK, FL 33840 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 488  
EATON PARK, FL 33840 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VINING, GEOFFREY C  
1611 HARDEN BLVD  
LAKELAND, FL 33803 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: CRAWFORD, WARREN E  
Address: P. O. BOX 509  
City-St-Zip: EATON PARK, FL 33840 US

Title: VP  
Name: CRAWFORD, CHRISTOPHER W VP  
Address: PO BOX 967  
City-St-Zip: EATON PARK, FL 33840

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 Statutes.

SIGNATURE: WARREN E CRAWFORD

MGRM

04/07/2010

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