2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # L06000076572 1. Entity Name 04-26-2007 90040 025 ****50.00 MEKÁ CITRUS, LLC Mailing Address Principal Place of Business OIFTERNO 2341 MYLES RD. 2341 MYLES RD. BOWLING GREEN, FL 33834 US BOWLING GREEN, FL 33834 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 - 8426 Applied For City & State City & State Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired . Fee Beguired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBRITTON, MYLES E JR. Street Address (P.O. Box Number is Not Acceptable) 2341 MYLES RD. **BOWLING GREEN, FL 33834** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition ALBRITTON, MYLES E JR. NAME NAME 2341 MYLES RD. STREET ADDRESS STREET ADDRESS **BOWLING GREEN, FL 33834** CITY-ST-7IP CITY - ST- 707 MGRM Addition TITLE ☐ Defete TITLE ☐ Change ALBRITTON, ANITIA M NAME NAME 2341 MYLES RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOWLING GREEN, FL 33834 CITY-ST-ZIE **MGRM** TITLE ☐ Delete TITLE Change Addition ALBRITTON, MYLES E III NAME STREET ADDRESS 2928 DOUBLE CHURCH RD. STREET ADDRESS CITY-ST-ZIP TYLER, AL 36785 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition ALBRITTON, KILLIAN S NAME MAME 2928 DOUBLE CHURCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TYLER, AL 36785** CITY-ST-7IP ☐ Delete Change | Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED