

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085138

Entity Name: BLUE HEAD FARMS, LLC

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

122 EAST TILLMAN AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1318  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 20-8005000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUNCE, YVONNE  
122 EAST TILLMAN AVENUE  
LAKE WALES, FL 33853 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: ATLANTIC BLUE GROUP, INC.  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

Title: MGRS  
Name: BUNCE, YVONNE  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

Title: MGRP  
Name: SARLO, ARNOLD  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

Title: MGRT  
Name: KOON, DAVID  
Address: PO BOX 1318  
City-St-Zip: LAKE WALES, FL 33859

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: DAVID KOON

PRES

04/02/2012

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