

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000088056 1. Entity Name ALICO HOLDINGS, LLC	
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Principal Place of Business 6597 NICHOLAS BLVD. UNIT 404 NAPLES, FL 34108 FL	Mailing Address 6597 NICHOLAS BLVD. UNIT 404 NAPLES, FL 34108 US
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DO NOT WRITE IN THIS SPACE



03032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8374969	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORRISON, DAVID N 9010 STRADA STELL COURT SUITE 103 NAPLES, FL 34109
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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.

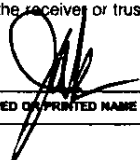
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

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 KLEIN, JAYME A 6597 NICHOLAS BLVD., UNIT 404 NAPLES, FL 34108
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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:  **4-27-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #