

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90207 032 ****50.00

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1. Entity Name
PERO FAMILY FARMS, LLC



Principal Place of Business
**14095 STATE ROAD 7
DELRAY BEACH, FL 33446**

Mailing Address
**14095 STATE ROAD 7
DELRAY BEACH, FL 33446**

60023569



2. Principal Place of Business - No P.O. Box #
14095 STATE RD. 7
Suite, Apt. #, etc.

3. Mailing Address
14095 State Rd. 7
Suite, Apt. #, etc.

03072007 Chg-LLC CR2E083 (12/06)

City & State
Delray Beach FL
Zip
33446 Country
USA

City & State
Delray Beach FL
Zip
33446 Country
USA

4. FEI Number
59-2717661 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERO, ANGELA
14095 STATE ROAD 7
DELRAY BEACH, FL 33446**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	Peter Pero IV	14095 STATE RD. 7	Delray Beach FL 33446		
MGRM	FRANK PERO	14095 STATE RD. 7	Delray Beach, FL 33446		
MGRM	Charles Pero	14095 STATE RD. 7	Delray Beach FL 33446		
MGRM	ANGELA PERO	14095 STATE RD. 7	Delray Beach FL 33446		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/07/07

Date

Daytime Phone #