

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101635

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** STEIN FARMS, LLC

**Current Principal Place of Business:**

1800 NW AVENUE D  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2075  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 20-8375172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE LLC  
SUITE 1100, 505 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 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:** MGR  
**Name:** STEIN, FRITZ JR.  
**Address:** 1800 NW AVENUE D  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** MGR  
**Name:** STEIN, LOIS  
**Address:** 1800 NW AVENUE D  
**City-St-Zip:** BELLE GLADE, FL 33430

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:** FRITZ STEIN JR.

MGR

02/16/2010

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