

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90272 036 ***138.75

DOCUMENT # L06000116205



1. Entity Name
WILDWOOD GROWERS LLC

Principal Place of Business
19541 GREEN GROVE CT
LOXAHATCHEE, FL 33470 FL

Mailing Address
P.O. BOX 1308
LOXAHATCHEE, FL 33470

60018033



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5983887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREJO, ANA S
19541 GREEN GROVE CT
LOXAHATCHEE, FL 33470

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE : MGR ☐ Delete
NAME : ALVAREZ, SANTO
STREET ADDRESS : P.O. BOX1308
CITY-ST-ZIP : LOXAHATCHEE, FL 33470

TITLE : MGRM ☐ Change ☒ Addition
NAME : Ana Trejo
STREET ADDRESS : P.O. Box 1308
CITY-ST-ZIP : Loxahatchee FL 33470

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
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:

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

3/26/08

Date

(561) 568-9898

Daytime Phone #