2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90038 043 ***138.75

Daytime Phone #

DOCUMENT # L07000034184 1. Entity Name C AND M FARMS, LLC						e na 9	0822		
Principal Place of Business 4455 SR 64 EAST BRADENTON, FL 34208		Mailing Address P.O. BOX 20751 BRADENTON, FL 34204			60029832				
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202008	Chg-LLC	CR2E083 (12/0		
City & State		City & State			4. FEI Numb	er 20-8757076	-	Applied For Not Applicable	
Zip	Country	Zip			<u> </u>	e of Status Desired	Fee Rea	Additional juired	
_					7. Name and Address of New Registered Agent Name				
4455 SR 6	OBERT D E 4 EAST ON, FL 34208	ļ	Street Address (P.O. Box Number is Not Acceptable)						
510.52111	J.,, J		:	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. Fam 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 renstating) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable Department of \$		
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete				Cross te Road 64 East n, FL 34208	☐ Cha	nge 🔏 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				MGRM Chan Walter G. Mills 4455 State Road 64 East Bradenton, FL 34208		nge 🔏 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete					Cha	nge X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Cha	inge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		l l			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge Addition	
11. I hereby certify that the information supplied with this filling 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 appropriet 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 Robert D. Cross, Manager