2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 25, 2008 8:00 am Secretary of State 06-25-2008 90052 012 ***143.75

| DOCUMENT # L07000042631 1. Entity Name S. SALINAS FAMILY HARVEST, LLC | | | | | | 06-25-2008 9 | 90052 01: | 2 ***143 | 3.75 |
|---|--|--|-------------|---------------------------|---|----------------------|-----------|-----------|---------------------------|
| Principal Place of Business 9935 S E 142ND BOULEVARD WHITE SPRINGS, FL 32096 US | | Mailing Address 9935 S E 142ND BOULEVARD WHITE SPRINGS, FL 32096 | | US | 1 18 4118 11 11 11 | | | | ON 1111 1 NO 1 |
| Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 06022008 | Chg-LLC | CR2E08 | 3 (12/06) | |
| City & State | | City & State | | - | 4. FEI Number 20–8882 | | | | plied For t Applicable |
| Zip | Country | Zip | Coun | try | 5. Certificate | of Status Desired | | 5.00 Add | |
| | 6. Name and Address of Current I | | | | 7. Name and Address of New Registered Agent | | | | |
| SALINAS, SIGIFREDO C | | | | Name | | | | | |
| 9935 142ND | | Street Address | | | P.O. Box Numb | er is Not Acceptable |) | • | |
| | | | | City To Code | | | | | |
| 8. The above na | | -1/ | | City | | | FL | Zip Code | |
| 8. The above named entity Jubmits this subment 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 (NOTE Registered Agent) Signature required when renstating) DATE FILE NOW!!! FEE IS \$138.75 On accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State | | | | | | | | | |
| 9. | MANAGING MEMBEI | RS/MANAGERS | 10. | | | ADDITIONS/ | CHANGES | | |
| TITLE M NAME S. STREET ADDRESS 99 | MGR SALINAS, SIGIFREDO C 935 142BLVD SE VHITE SPRINGS, FL 32096 | ☐ Delete | NAM SIRE | ı | | , obtained | | ☐ Change | Addition |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | i | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dalete | | i | | | . 1 | ☐ Change | Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | CITY | E ET ADDRESS ST-ZIP | | | | Change | ☐ Addition |
| 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 grofiature 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 trust a empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | |