2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098692

P.O. BOX 1115

City-St-Zip: GLEN SAINT MARY, FL 32040 US

Address:

Entity Name: FARMERS' DAIRIES, LLC

FILED Apr 28, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
	HIGHWAY 484 W, FL 34420			
Current Mailing Address:			New Mailing Address:	
PO BOX 3 BELLEVIE	790 W, FL 34421	US		
FEI Number	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
390 NORT	ENT SERVICES TH ORANGE AV D, FL 32801			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	WRIGHT, JOSÉ	ELAHANS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () COVINGTON, C 4761 SW 1ST T OCALA, FL 344	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () EADE, DALE 3945 OLD U. S. MARIANNA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () REGISTER, DAI	Delete RRYL	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

SIGNATURE: CALVIN COVINGTON MGR 04/28/2009