FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90207 018 ***138.75

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07000106804

1. Entity Name
Fuller FARMS LLC

DO NOT WRITE IN THIS SPACE

60042564

2. Principal Place of Business: 201 N.W 7th Street	3. Mailing Address: c/o Leon Fuller	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.: 305	Suite, Apt. #, etc.: Apt 305 - 201 N.W. 7 St.	
City & State: MIAMI FlA.	City & State: MIAMI FlA	4. FEI Number: 11-3827138 ☐ Applied For ☐ Not Applicable
Zip: 33136 Country: USA	Zip: 33136 Country: USA	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 acc[ept] the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $[illegible]
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leon Fuller - Member - Manager Apt 305 201 N.W. 7th street Miami FlA. 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Manager Cornel Fuller 650 E. Waits Ave De Land FlA 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informa[tion] 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 th[e] limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.