2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L07000112602

Entity Name: IMMOKALEE PACKING, LLC

Current Principal Place of Business:

315 EAST NEW MARKET ROAD
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 3088
IMMOKEE, FL 34143

New Mailing Address:

FEI Number: 26-1408492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	GR	( ) Delete
Name:	LFC ENTERPRISES INC,	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	P	( ) Delete
Name:	WEISINGER, SHERYL A	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	VP	( ) Delete
Name:	DESSAK, PETER	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	VP	( ) Delete
Name:	WEISINGER, JAIME M	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	VP	( ) Delete
Name:	PRESS, MAXWELL L	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	
Title:	VP	( ) Delete
Name:	PURSE, TOBY K	
Address:	315 E NEW MARKET RD	
City-St-Zip:	IMMOKALEE, FL 34142	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: TOBY PURSE VP 01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date