

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122830

Entity Name: FOLDS FARMS, LLC

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13846 ATLANTIC BLVD.  
#1018  
JACKSONVILLE, FL 322253289 US

**New Principal Place of Business:**

**Current Mailing Address:**

13846 ATLANTIC BLVD.  
1018  
JACKSONVILLE, FL 322253289 US

**New Mailing Address:**

13846 ATLANTIC BLVD.  
#1018  
JACKSONVILLE, FL 322253289 US

FEI Number: 26-1556283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOOLITTLE, GUERRY B  
13846 ATLANTIC BLVD. #1018  
JACKSONVILLE, FL 32225 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: MR  
Name: DOOLITTLE, GUERRY B  
Address: 13846 ATLANTIC BOULEVARD, #1018  
City-St-Zip: JACKSONVILLE, FL 322253289 US

Title: MRS.  
Name: NANCY C DEEHAN LIVING TRUST  
Address: 2637 LE SABRE PLACE  
City-St-Zip: AMELIA ISLAND, FL 320348977 FL

I hereby 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: GUERRY B. DOOLITTLE

MR.

04/02/2011

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