

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014665

Entity Name: GRASSLAND FARMS, LLC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

2001 GALLAGHER ROAD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

2001 GALLAGHER ROAD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAEB, STEPHEN L
2001 GALLAGHER ROAD
DOVER, FLORIDA, FL 33527 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: MGRM () Delete
Name: JAEB, STEPHEN L
Address: 2001 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: JAEB, SANDRA D
Address: 2001 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: JAEB, JOEL T
Address: 2001 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: JAEB, JOSPEH A
Address: 2001 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527 US

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:

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: STEPHEN L. JAEB

MGRM

04/20/2009

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