

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015074

FILED  
Sep 18, 2009  
Secretary of State

**Entity Name:** CROOKED CREEK FARMS LLC

**Current Principal Place of Business:**

25535 NE GRADY TEW ROAD  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

25535 NE GRADY TEW ROAD  
ALTHA, FL 32421

**New Mailing Address:**

FEI Number: 11-3836797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

YODER, STEVE  
25535 NE GRADY TEW ROAD  
ALTHA, FL 32446      US

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: YODER, STEVE  
Address: 25535 NE GRADY TEW ROAD  
City-St-Zip: ALTHA, FL 32421

Title: MGRM      (X) Delete  
Name: YODER, CAROLYN  
Address: 25535 NE GRADY TEW ROAD  
City-St-Zip: ALTHA, FL 32421

**ADDITIONS/CHANGES:**

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: STEVE YODER

MGRM

09/18/2009

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