

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104862

Entity Name: FARMERS' DAUGHTERS, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

499 PALM CIRCLE EAST
NAPLES, FL 34102 US

New Principal Place of Business:

559 9TH ST. NORTH
307
NAPLES, FL 34102 US

Current Mailing Address:

499 PALM CIRCLE EAST
NAPLES, FL 34102 US

New Mailing Address:

1609 MUREX LANE
NAPLES, FL 34102 US

FEI Number: 26-3708545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREY, JAMES F
2375 TAMIAMI TRAIL N
SUITE 210
NAPLES, FL 34103 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: JONE, PAUL O JR
Address: 499 PALM CIRCLE EAST
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONE, PAUL O JR
Address: 1609 MUREX LANE
City-St-Zip: NAPLES, FL 34102

Title: MRS. () Change (X) Addition
Name: KOOP, JOAN MGR
Address: 515 21 ST. AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: MRS. () Change (X) Addition
Name: JONES, SUSAN
Address: 1609 MUREX LANE
City-St-Zip: NAPLES, FL 34102

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: PAUL O JONES, MD

MGRM

04/17/2009

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