

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017730

FILED
Feb 08, 2010
Secretary of State

Entity Name: HARVEST WORKERS NETWORK L.L.C.

Current Principal Place of Business:

4237 SPRINGWOOD RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47077
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 26-4719907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARBROUGH, MARSHA
2987 GULF STREAM LN
JACKSONVILLE, FL 32250 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: MGR
Name: MCGRIFF, TENNY
Address: 8247 VIRGO ST
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: YARBROUGH, DENISE
Address: 7443 ORTEGA HILLS DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: SUBER, JAMAR
Address: 920 2ND ST NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR
Name: MCGRIFF, SHELLA
Address: 8247 VIRGO ST
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR
Name: YARBROUGH, MARSHA
Address: 2987 GULF-STREAM LN
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGR
Name: YARBROUGH, RICHARD
Address: 7443 ORTEGA HILLS DR
City-St-Zip: JACKSONVILLE, FL 32244

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: RICHARD YARBROUGH

MGR

02/08/2010

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