

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017730

FILED  
Apr 29, 2012  
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, TERRY  
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: 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: DENISE YARBROUGH

MGR

04/29/2012

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