

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109018

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WEST CENTRAL FLORIDA PRODUCE LLC

**Current Principal Place of Business:**

4753 OAK FAIR DRIVE  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

4753 OAK FAIR DRIVE  
TAMPA, FL 33610 US

**New Mailing Address:**

**FEI Number:** 27-1313923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEAVENRIDGE, DAVID G  
11941 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626 US

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

HEAVENRIDGE, DAVID G  
17915 PATTERSON ROAD  
ODESSA, FL 33556 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:**

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HEAVENRIDGE, DAVID G  
**Address:** 17915 PATTERSON ROAD  
**City-St-Zip:** ODESSA, FL 33556 US

**Title:** MGR  
**Name:** HEAVENRIDGE, PHILIPPA J  
**Address:** 17915 PATTERSON ROAD  
**City-St-Zip:** ODESSA, FL 33556 US

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:** DAVID G HEAVENRIDGE

MMBR

04/25/2012

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