

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011560

Entity Name: LIPMAN ACQUISITIONS, LLC

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

315 EAST NEW MARKET ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3088  
IMMOKALEE, FL 34143

**New Mailing Address:**

FEI Number: 27-1814265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901 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: SHOEMAKER, KENT  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: P  
Name: SHOEMAKER, KENT  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP  
Name: MICELLE, DARREN  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP  
Name: O'DELL, GERRY  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VST  
Name: PURSE, TOBY K  
Address: 315 EAST NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142 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: TOBY K PURSE

VST

02/21/2012

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