

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000014542

Entity Name: HARVEST FARM BOX LLC

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

517 BROYLES STREET  
ATLANTA, GA 30312

**New Principal Place of Business:**

**Current Mailing Address:**

517 BROYLES STREET  
ATLANTA, GA 30312

**New Mailing Address:**

FEI Number: 27-1909781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
SUITE 250  
PLANTATION, FL 33324 US

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

ELEANOR EDGAR  
5633 LA PUERTA DEL SOL BLVD  
APT. 201  
ST. PETERSBURG, FL 33324 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: ELEANOR EDGAR

02/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAW 2004 FAMILY TRUST  
Address: 2637 PEACHTREE ROAD NE PENTHOUSE  
City-St-Zip: ATLANTA, GA 30305

Title: MGR  
Name: WILLIAMS, ALICE E  
Address: 2637 PEACHTREE ROAD NE PENTHOUSE  
City-St-Zip: ATLANTA, GA 30305

Title: MGR  
Name: WILLIAMS, DONALD A SR.  
Address: 2637 PEACHTREE ROAD NE PENTHOUSE  
City-St-Zip: ATLANTA, GA 30305

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: CHRISTINE MANN

PRES

02/22/2011

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