

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033401

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** EXPERIENCE PRODUCE, LLC

**Current Principal Place of Business:**

8300 NW 53RD ST  
STE 350  
DORAL, FL 33166 US

**New Principal Place of Business:**

4801 N.W. 99TH CT.  
DORAL, FL 33178 US

**Current Mailing Address:**

8300 NW 53RD ST  
STE 350  
DORAL, FL 33166 US

**New Mailing Address:**

4801 N.W. 99TH CT.  
DORAL, FL 33178 US

**FEI Number:** 45-0825094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZARAK, IVAN  
8300 NW 53RD ST  
STE 350  
DORAL, FL 33166 US

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

ZARAK, IVAN  
4801 N.W. 99TH CT.  
DORAL, FL 33178 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: IVAN ZARAK

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZARAK, IVAN  
Address: 4801 N.W. 99TH CT.  
City-St-Zip: DORAL, FL 33178 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: IVAN ZARAK

MR

01/05/2012

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