

FILED
Sep 11, 2003 8:00 am
Secretary of State

07-28-2003 90065 010 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

7/21

DOCUMENT # L97000001433			
1. Entity Name ADLER FARMS, L.C.			
Principal Place of Business 6 TRENT COURT MORRISTOWN NJ 07960		Mailing Address 6 TRENT COURT MORRISTOWN NJ 07960	
2. Principal Place of Business 95 FIRMENICH WAY Suite, Apt. #, etc. #		3. Mailing Address 95 FIRMENICH WAY Suite, Apt. #, etc.	
City & State NEWARK, N.J.		City & State NEWARK, N.J.	
Zip 07114		Country ESSEX	
4. Name and Address of Current Registered Agent ADLER, STEVEN H 5530 NW 98TH LANE OCALA FL 34482		4. FEI Number NOT APPLICABLE Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Name and Address of New Registered Agent Name SAME AS OLD NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 95 FIRMENICH WAY City NEWARK N.J. FL Zip Code 07114	
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ADLER, STEVEN H STREET ADDRESS 6 TRENT COURT CITY-ST-ZIP MORRISTOWN NJ 07960 ☒ Delete		TITLE MGRM NAME ADLER, STEVEN H STREET ADDRESS 95 FIRMENICH WAY CITY-ST-ZIP NEWARK, N.J. 07114 ☒ Change ☐ Addition	
TITLE STEVEN H. ADLER NAME STEVEN H. ADLER STREET ADDRESS 8951 S.E. 819th AVE CITY-ST-ZIP MORRISTON, FL 32668 ☒ Delete		TITLE STEVEN H. ADLER NAME STEVEN H. ADLER STREET ADDRESS 8951 S.E. 819th AVE CITY-ST-ZIP MORRISTON, FL 32668 ☒ Change ☒ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CH20083 (4/03)

attachment

55054283
#L97000001433

Steven H. Adler
3931 S.E. 219th Ave.
Morriston, Fl. 32668

September 5, 2003

Florida Dept. of State
Div. of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314

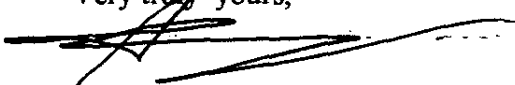
Dear Sir or Madam:

I am the registered agent for Adler Farms, L.C. and my Florida address is:

3951 S.E. 219th Ave.
Morriston, Fl. 32668

Thank you, in advance, for your kind attention to this matter.

Very truly yours,


Steven H. Adler