

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 008 ****50.00

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DOCUMENT # L98000000300

1. Entity Name

SOFRAN CITRUS, L.C.



Principal Place of Business

**808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266**

Mailing Address

**245 PEACHTREE CENTER AVE., NE.
SUITE 2800
ATLANTA GA 30303-1227**

2. Principal Place of Business
818 A-1-A North

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

Ponte Vedra Beach, FL 32082

Zip

Country

Zip

Country

4. FEI Number **59-3505853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Robert Rouleau

Street Address (P.O. Box Number is Not Acceptable)

818 A-1-A North, Suite 203

City
Ponte Vedra Beach

FL

Zip Code
32082

8. 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

Robert Rouleau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

3-24-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROULEAU, ROBERT
808 THIRD STREET, SUITE C
NEPTUNE BEACH FL 32266** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAVALKOFF, NORMAN
5500 AVE. ROYALMOUNT, SUITE 200
VILLE MONT-ROYAL, QUE, CANADA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

Robert Rouleau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Robert Rouleau, Manager

Date

Daytime Phone #

3-24-03 904 280 0000

CR2E083 (10/02)