

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 588.75

Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000000651

WESTER AGRICULTURAL VENTURES, L.C.
1590 COPENHAVER ROAD
FORT PIERCE FL 34945

FILED
99 JUL 19 PM 3:22

RECEIVED
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

1590 COPENHAVER ROAD
FORT PIERCE FL 34945

2. Principal Place of Business

22500 Creechboro Rd
Suite, Apt. #, etc.

2a. Mailing Address

P.O. Box 2699
Suite, Apt. #, etc.

3. Date Organized or Qualified

05/20/1998

3a. State of Formation

FL

4. FEI Number

65-0839196

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$6.75 Additional Fee Required ☐

City & State

FL Pierce, FL

City & State

FL Pierce, FL

Zip

34945

Country

U.S.

Zip

34954

Country

U.S.

7. Name and Address of Current Registered Agent

KOBLEGARD, R.N. III
401-A S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950

8. Name and Address of New Registered Agent/Office

Name

Jerry Wester

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

1590 Copenhagen Road

Suite, Apt. #, etc.

City

Fort Pierce

FL

Zip Code

34945

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Jerry Wester

DATE

7-14-99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

WESTER, JERRY WAYNE

1590 COPENHAVER ROAD

FORT PIERCE FL

000002942480--
-07/27/99--01033--003
****188.75 ****188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Mark Wester

7/14/99

Date

Signature Printed Name

②

Wester Agricultural Ventures
Post Office Box 2699
Fort Pierce, Florida 34954

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 14, 1999

To whom it may concern:

Enclosed I have included our company's check for its annual report. I originally mailed the report and another check back on April 26th as evidenced by the Express Mail Receipt. I have not received the original check back, so if you do eventually receive it please return it to me. The gentleman that I spoke to today said that if I would send a copy of the Express Mail Receipt, the late charges would be waived.

Thank you,



Mark W. Wester

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99 JUL 19 PM 3:22



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Weight		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee	Insurance Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Acceptance Clerk Initials	Total Postage & Fees \$ 1.74	

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PHONE 800, 467, 6922

Division of Corporation
Registration Section
P.O. Box 6037
Tallahassee, FL 32314

TO: PLEASE PRINT

PHONE 800, 467, 6951

Division of Corporation
Registration Section
P.O. Box 6037
Tallahassee, FL 32314

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



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