

2001 UNIFORM BUSINESS REPORT (UBR)

0000709 AF

DOCUMENT # L98000001582

1. Entity Name
SEACOAST FARMS, L.L.C.

FILED

01 FEB 16 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2121 PONCE DE LEON BLVD., PENTHOUSE 2
CORAL GABLES FL 33134

Mailing Address
2121 PONCE DE LEON BLVD., PENTHOUSE 2
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0858504**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGEL, HOWARD J
100 SE 2ND ST., SUITE 3500
NATIONSBANK TOWER
MIAMI FL 33131-2130

Name
Registered Agents of Florida, LLC

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

Suite 3500

City **Miami** **FL** Zip Code **33131-2130**

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.

SIGNATURE 

V. P.

4/18/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM MEYERS, STUART I**
STREET ADDRESS **2121 PONCE DE LEON BLVD., PENTHOUSE 2**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM LOPEZ, JORGE**
STREET ADDRESS **2121 PONCE DE LEON BLVD., PENTHOUSE 2**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

100003745561--4
-02/21/01--01084--012
*******55.00- *****55.00**

TITLE Delete
NAME **MGRM AMARO, JOEL**
STREET ADDRESS **12691 SW 104TH ST.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM TRUJILLO, JESUS**
STREET ADDRESS **12691 SW 104TH ST.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (11/00)