

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001325

FILED
Feb 04, 2009
Secretary of State

Entity Name: WRC FARMS, LLC

Current Principal Place of Business:

1820 RINGLING BLVD.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1820 RINGLING BLVD.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0906478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARNELL, ROBERT W
1820 RINGLING BLVD.
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DARNELL, WILLIAM E
Address: 24278 E. AKIN BLACKTOP
City-St-Zip: MACEDINIA, IL 62860

Title: MGRM () Delete
Name: DARNELL, ANNE G
Address: 7705 WESTON COURT
City-St-Zip: BRADENTON, FL 34202

Title: MGRM (X) Delete
Name: DARNELL, CLIFTON E
Address: 8930 DOVELAND DRIVE
City-St-Zip: CORDOVA, TN 38018

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DARNELL, ROBERT W
Address: 1820 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Change () Addition
Name: DARNELL, CLIFTON E
Address: 8930 DOVELAND DRIVE
City-St-Zip: CORDOVA, TN 38018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT W DARNELL

MGRM

02/04/2009

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