

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001736

1. Entity Name
GOURDGEIOUS FARM, LLC

Principal Place of Business

1130 13TH AVENUE EAST
PALMETTO FL 34221

Mailing Address

1130 13TH AVENUE EAST
PALMETTO FL 34221

2. Principal Place of Business

1470 12th STE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 445
Suite, Apt. #, etc.

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

650934931

Applied For

Not Applicable

Zip

34221

Country

MANATEE

Zip

34221

Country

MANATEE

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

MUELLER, MIKE
1130 13TH AVENUE EAST
PALMETTO FL 34221

Name

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

City

FL

Zip Code

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

Mike Mueller

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

MGRM
MUELLER, MIKE
6710 32ND AVENUE WEST
BRADENTON FL 34209

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

MGRM
MUELLER, JEAN
6710 32ND AVENUE WEST
BRADENTON FL 34209

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete

MGRM
MUELLER, JAMES
4067 WEST 404TH ROAD
BERTRAND MI 63823

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

Mike Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9-14-00

Date

941-723-6051

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)