## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 11, 2004 8:00 am **DOCUMENT # L99000001736 Secretary of State** 02-11-2004 90209 036 \*\*\*\*50.00 GOURDGEOUS FARM, LLC Mailing Address Principal Place of Business P.O. BOX 445 1470 12TH STREET EAST PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address 5174 CR 675 Suite, Apt. #, etc Suite, Apt. #, etc 02052004 Chg-LLC CR2E083 (10/03) Bradenton City & State 4. FE! Number Applied For City & State 65-0934921 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired <u>Manatee</u> Fee Required 6. Name and Address of Current Registered Agent - - 7: Name and Address of New Registered Agent Name <u>Mueller. Mike</u> MUELLER, MIKE Street Address (P.O. Box Number is Not Acceptable) 1470 12TH ST E PALMETTO, FL 34221 CR 675 Bradenton 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change TITLE MGRM ☐ Delete TITLE Addition Mueller, Mike 5174 CR 675 MUELLER, MIKE NAME NAME STREET ADDRESS 6710 32ND AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 <u>Bradenton Fl</u> **MGRM** Change ☐ Addition TITLE ☐ Delete TITLE Mueller, Jean MUELLER, JEAN NAME NAME STREET ADDRESS 6710 32ND AVENUE WEST STREET ADDRESS 5174 CR 675 BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP Bradenton - Change - Addition MGRM- --- --TITLE TITLE 🔀 Delete MUELLER, ERICH NAME STREET ADDRESS 4031 W 404TH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BERTRAND, MO 63823 Addition | ☐ Delete TITLE ☐ Change TITLE Mueller Bethan 210 N 17th St W NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tractee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

**FILED** 

941-723-6051