

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90092 009 ****50.00

DOCUMENT # L99000001736

1. Entity Name
GOURDGEIOUS FARM, LLC



Principal Place of Business
**5174 CR 675
PALMETTO, FL 34221**

Mailing Address
~~P.O. BOX 445~~
~~PALMETTO, FL 34221~~

20027642



2. Principal Place of Business

3. Mailing Address

5174 CR 675 E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

Bradenton FL

4. FEI Number

65-0934921

Applied For

Not Applicable

Zip

Country

Zip

34211

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

**MUELLER, MIKE
5174 CR 675
BRADENTON, FL 34211**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Mueller

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

(NOTE: Registered Agent signature required when reinstating)

4/2/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUELLER, MIKE
5174 CR 574
BRADENTON, FL 34211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUELLER, JEAN
5174 CR 675
BRADENTON, FL 34211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MUELLER, BETHANY
210 N 17TH ST W #32
BRADENTON, FL 34205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Matzke, Bethany
1806 30th St W
Bradenton, FL 34205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Bethany Matzke **Bethany Matzke**

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

1/6/05

Date

(941)322-9011

Daytime Phone #