

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001826

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** LAS FARMS OF THE PALM BEACHES, L.C.

**Current Principal Place of Business:**

9437 STATE ROAD 7  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

9437 STATE ROAD 7  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 65-1025365      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SOOWAL, LOIS  
9437 STATE ROAD 7  
BOYNTON BEACH, FL 33437      US

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  
**Name:** SOOWAL, ANDREW  
**Address:** 9437 STATE ROAD 7  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** MGRM  
**Name:** SOOWAL, LOIS  
**Address:** 9437 STATE ROAD 7  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** MGRM  
**Name:** SOUTH WINDS LIMITED PARTNERSHIP  
**Address:** 9437 STATE ROAD 7  
**City-St-Zip:** BOYNTON BEACH, FL 33437

I hereby 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:** LOIS SOOWAL

MGRM

05/01/2010

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