

2000 UNIFORM BUSINESS REPORT (UBR)

0010019 AF

DOCUMENT # L99000003592

1. Entity Name
AL ROSAS' NORTHERN HAY AND ALFALFA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business

13606 N. US HWY 301
CITRA FL 32113

Mailing Address

13606 N. US HWY 301
CITRA FL 32113-4053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584592

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSAS, ALPHONSO
13606 N. US HWY 301
CITRA FL 32113

7. Name and Address of New Registered Agent

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

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 / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSAS, ALPHONSO
13606 N. US HWY 301
CITRA FL 32113

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROSAS, ERIN
13606 N. US HWY 301
CITRA FL 32113

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TITLE
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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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CITY - ST - ZIP

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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:

Signature ALPHONSO ROSAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/5/00
352.600.2731