

2001 UNIFORM BUSINESS REPORT (UBR)

0024738 AF

DOCUMENT # **L99000003592**

1. Entity Name

AL ROSAS' NORTHERN HAY AND ALFALFA LLC

Principal Place of Business

**13606 N. US HWY 301
CITRA FL 32113**

Mailing Address

**13606 N. US HWY 301
CITRA FL 32113**

2. Principal Place of Business

3. Mailing Address

PO Box 218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sparr, FL

Zip

Country

Zip

Country

32192-0218

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)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

500004035495-8
-04/20/01--01064--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (11/00)