

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90085 026 ****50.00

DOCUMENT # L99000003592

1. Entity Name

AL ROSAS' NORTHERN HAY AND ALFALFA LLC

Principal Place of Business

Mailing Address

13606 N. US HWY 301
 CITRA FL 32113

PO BOX 218
 SPARR FL 32192-0218

2. Principal Place of Business

3. Mailing Address

13450 N US Hwy 301
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Citra FL

Zip

Country

Zip

Country

4. FEI Number

59-3584592

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Rosas, Alphonso**
 Street Address (P.O. Box Number is Not Acceptable)

~~PO~~ **13450 N US Hwy 301**

City **Citra** FL Zip Code **32113**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ROSAS, ALPHONSO	13606 N. US HWY 301	CITRA FL 32113	<input type="checkbox"/>
MGRM	ROSAS, ERIN	13606 N. US HWY 301	CITRA FL 32113	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Alphonso Rosas
 (Signature)

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

Date

Daytime Phone #

CR2E083 (9/01)