2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005581 1. Entity Name								FILEO			
S & O FARMING, LLC					في الميانية الميانية		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address						<u></u>	1	00 AUG -7 A	M 10: 02		
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AMERICAS GA 31709 AMERICAS GA 3170									1.		
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2. Principal Place of Business				3. Mailing Address				I I BONIDÎN DID IBNA HARN DOKN BERNÎ BENÎR I			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN TH	IIS SPACE		
City & State				City & State				Jumber 248730(oplied For ot Applicable	
Zip	Zip Country		Zip		Cour	Country		ficate of Status Desired	\$5.00 Add Fee Require		
	6. Name	and Address of Current	Registe	red Agent		` <u>-</u> .	7. Nam	e and Address of New Register			
						Name					
O'BANNON, CALVIN 415 KIRBY THOMPSON ROAD						Street Address (P.O. Box Number is Not Acceptable)					
LABELLE FL 33976											
						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.											
CIONATURE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
				FILE N	ow!!!	FEE IS \$50.00	·				
		•	1	Make Check Pa	ayable t	o Department o	f State				
9.		MANAGING MEMBE	RS/MAN	NAGERS	10.			ADDITIONS/CHANC			
TITLE	MGR	OMB :		☐ Delete	TITL			00000335	☐ Change 4111-11	Addition	
NAME STREET ADDRESS	ROY LEE	SMITH FICE BOX 662			NAM STRE	ET ADDRESS		-08/11/00	01083	-UZ5	
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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.											
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGENG MEMBER OR MANAGER Date Date Destime Phone #											