

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L99000005769

1. Entity Name
COUNTY LINE FARMS, L.L.C.



Principal Place of Business
811 E. MAIN
LAKELAND, FL 33802

Mailing Address
811 E. MAIN
LAKELAND, FL 33802



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

E. SNOW MARTIN, JR.
200 LAKE MORTON DRIVE, SUITE 300
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000900616

04/29/08 00036-000 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARNETT, HOYT R
5815 LIVE OAK ROAD
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOORE, THOMAS
P.O. BOX 1722
LAKELAND, FL 33802

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Thomas Moore, Managing Member 4/11/08

Date

863-688-7611

Daytime Phone #