


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008271 1. Entity Name RALPH IORI, JR. FARMS, LLC	
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FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 27501 S.W. 164TH AVENUE HOMESTEAD, FL 33031 US	Mailing Address 27501 S.W. 164TH AVENUE HOMESTEAD, FL 33031 US
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07172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	IORI, RALPH JR.
STREET ADDRESS	27501 S.W. 16TH AVENUE
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/28/08-80005-003 143.75

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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: _____ *July 17, 2008* (305) 248-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #