

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 010 ****50.00

DOCUMENT # L99000008689

1. Entity Name
WAVERLY GROWERS OPERATIONS, LC



Principal Place of Business
**7000 WAVERLY ROAD
WAVERLY, FL 33877-0287**

Mailing Address
**PO BOX 287
WAVERLY, FL 33877-0287**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3613110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANSEN, N. PERRY
7000 WAVERLY ROAD
WAVERLY, FL 33877**

7. Name and Address of New Registered Agent

Name **John C. Husted**

Street Address (P.O. Box Number is Not Acceptable)

242 Kilmer LN SE

City **Winter Haven**

FL

Zip Code **33884**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **HANSEN, N. PERRY**
STREET ADDRESS **15 BRIDGEWATER DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGRM** ☒ Change ☐ Addition
NAME **John C. Husted**
STREET ADDRESS **242 Kilmer LN SE**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN HUSTED

3/24/06

Date

Daytime Phone #