

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

4166  
**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L99000008690

1. Entity Name  
WAVERLY GROWERS PRODUCTION, LC



Principal Place of Business  
STATE ROAD 540  
WAVERLY, FL 33877-0287

Mailing Address  
P.O. BOX 287  
WAVERLY, FL 33877



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3613109

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUSTED, JOHN C  
242 KILMER LN SE  
WINTER HAVEN, FL 33884

**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**

U00000898520  
04/25/08-80090-009 338.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUSTED, JOHN C
STREET ADDRESS	242 KILMER LN SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884

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	

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

JOHN HUSTED

Date

1-12-08

Daytime Phone #

863 439 3602