

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008691

1. Entity Name  
WAVERLY GROWERS HARVESTING, LC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 28 AM 9: 57

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

Mailing Address  
STATE ROAD 540  
WAVERLY, FL 33877-0287



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04212005 Chg-LLC CR2E083 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
59-3613038

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 RD  
WAVERLY, FL 33877

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME HANSEN, N. PERRY  
STREET ADDRESS 819 S. LAKE STARR BLVD.  
CITY-ST-ZIP LAKE WALES, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 ☒ Change ☐ Addition  
NAME 15 Bridgewater Dr  
STREET ADDRESS Winter Haven, FL 33884  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: N. Perry Hansen N. Perry Hansen 4-21-05 863-439-3602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #