

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90052 011 \*\*\*\*50.00

**DOCUMENT # L99000008691**

1. Entity Name  
**WAVERLY GROWERS HARVESTING, LC**



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

Mailing Address  
**STATE ROAD 540  
WAVERLY, FL 33877-0287**

**20031390**



03232006 Chg-LLC CR2E083 (11/05)

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 **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]* **JOHN HUSTED**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/24/06**

DATE

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

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

**9. MANAGING MEMBERS/MANAGERS**

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

☒ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager  
John C. Husted  
242 Kilmer LN SE  
Winter Haven FL 33884**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

*[Signature]* **JOHN HUSTED**

**3/24/06**

DATE

Daytime Phone #