

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009150

1. Entity Name

PRODUCE HANDLING SOLUTIONS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 29 AM 10:02

Handwritten signature



DO NOT WRITE IN THIS SPACE

Principal Place of Business

622 EAST MYERS BOULEVARD
MASCOTTE FL 34753

Mailing Address

622 EAST MYERS BOULEVARD
MASCOTTE FL 34753

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3615241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWERS, MICHAEL D
622 EAST MYERS BOULEVARD
MASCOTTE FL 34753

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
STREET ADDRESS LANGSTON, LAURIE S
CITY-ST-ZIP 185 PRUITT DRIVE
ALPHARETTA GA 30004

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003384270--9
CITY-ST-ZIP -09/06/00--01103--015
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
STREET ADDRESS BOWERS, MICHAEL D
CITY-ST-ZIP 622 EAST MYERS BOULEVARD
MASCOTTE FL 34753

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Handwritten signature: LAURIE LANGSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/14/00

352-429-4171

Date

Daytime Phone #

C-32E083 (5/00)