

2001 UNIFORM BUSINESS REPORT (UBR)

0023415

DOCUMENT # L99000009150

1. Entity Name
PRODUCE HANDLING SOLUTIONS, L.L.C.

FILED
Feb 26, 2001 8:00 A.M
Secretary of State

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

4. FEI Number 59-3615241

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

408803802064--6
-03/06/01--01050--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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: LAURIE S. LANGSTON 2-19-2001 800-645-2235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)