

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 049 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002777

1. Entity Name

INDIAN RIVER ORGANICS, LLC

938342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

934 36TH CT., S.W.

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

4. FEI Number

39-2043147

Applied For

Not Applicable

Zip

FL 32968

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD MINNICH

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

934 36TH CT., S.W.

City

VERO BEACH

FL

Zip Code

32968

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]

RICHARD T. MINNICH

4/5/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
RICHARD T. MINNICH
554 LONE OAK DR.
THOUSAND OAKS, CA 91362

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
KEVIN SPOONER
3795 6TH LANE
VERO BEACH, FL 32968

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

RICHARD T. MINNICH

4/5/02

(772) 778-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)