## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 23, 2005 8:00 am Secretary of State DOCUMENT # M04000002126 08-23-2005 90094 006 \*\*\*\*50.00 FLORIDA POULTRY EXCHANGE, LLC Principal Place of Business Mailing Address 9913 SUNCREST STREET 9913 SUNCREST STREET 20067079 PARRISH, FL 34219 PARRISH, FL 34219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For <u>20-1115599</u> Not Applicable Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENNELLA, KEITH Street Address (P.O. Box Number is Not Acceptable) 9913 SUNCREST STREET PARRISH, FL 34219 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE Change ☐ Addition MENNELLA, KEITH NAME NAME STREET ADDRESS 100 GEORGE STREET STREET ADDRESS PATERSON, NJ 07503 CITY-ST-ZIP CITY-SI-ZIP FITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 prostore empowered to execute this report as required by Chapter 608, Florida Statutes.

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