

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000004687

1. Entity Name
WIERS FARM SOUTH, LTD. CO.



Principal Place of Business

**4465 STATE ROUTE 103 SOUTH, P.O. BOX 385
WILLARD, OH 44890**

Mailing Address

**4465 STATE ROUTE 103 SOUTH, P.O. BOX 385
WILLARD, OH 44890**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5160469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205-7734**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000578550
01/09/07-80032-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WIERS, JERRY
STREET ADDRESS	4465 STATE ROUTE 103 SOUTH, P.O. BOX 385
CITY-ST-ZIP	WILLARD, OH 44890
TITLE	MGR
NAME	WIERS, JAMES
STREET ADDRESS	4465 STATE ROUTE 103 SOUTH, P.O. BOX 385
CITY-ST-ZIP	WILLARD, OH 44890
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/07 (419) 935-0131