

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

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90173 001 ****50.00

DOCUMENT # *M 98000001621*

1. Entity Name

Earl Roy Watermelon Co., L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Immokalee State Farmers

3. Mailing Address

P.O. Box 134

Suite, Apt. #, etc.

424 New MKT Rd

Suite, Apt. #, etc.

City & State

Immokalee FL

City & State

Hessmer La

Zip

33934

Country

Zip

71341

Country

Avoyelles

4. FEI Number

72-1423811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jerry Ellis

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

Rt 2 Box 342

City

Bonifay

FL

Zip Code

32425

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.

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

*Member-Manager
Earl J Roy
2758 Auction St
Hessmer, La 71341*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Manager
Johnny Roy
2758 Auction St
Hessmer, La 71341*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Member
Betty Roy
2758 Auction St
Hessmer, La 71341*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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:

Earl J. Roy, Manager

2-1-02

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

Date

Daytime Phone #

CR2E083B (12/01)