

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90033 008 ****50.00

DOCUMENT # M99000001260

1. Entity Name
SFE CITRUS HOLDINGS, LLC



Principal Place of Business
15000 US HIGHWAY 310N
DADE CITY, FL 33523

Mailing Address
15000 US HIGHWAY 310N
DADE CITY, FL 33523



2. Principal Place of Business

3. Mailing Address

15000 Citrus County Dr. P.O. Box 97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Dade City, FL

Dade City, FL

Zip

Zip

Country

Country

33523-2401

33526-0097

03242006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3583661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REESE, BEN
15000 U.S. HIGHWAY 301 NORTH
DADE CITY, FL 33523-2401

Name

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

15000 Citrus County Dr.

Suite 202

City

Dade City,

FL

Zip Code

33523-2401

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

Ben Reese

BEN REESE

03/28/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME VILJOEN, GARY
STREET ADDRESS 15000 US HIGHWAY 310N
CITY-ST-ZIP DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS 2101 Chestnut Forest Dr.
CITY-ST-ZIP Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

GARY VILJOEN

GARY VILJOEN 04/10/06

813-301-4606

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

Date

Daytime Phone #