

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028452

**Entity Name:** NATIONFRESH, LLC

**Current Principal Place of Business:**

1850 COLONIAL PARKWAY  
NORWALK, IA 50211

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**3726465233CC**

**Current Mailing Address:**

1850 COLONIAL PARKWAY  
PO BOX 337  
NORWALK, IA 50211 US

**FEI Number:** 06-1660081

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, RICHARD C  
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CONDAKES, PETER  
Address 70-73 NEW ENGLAND PRODUCE CENTER  
City-State-Zip: CHELSEA MA 02150

Title MGRM  
Name FRITZ, GREGORY J  
Address 7501 CARNEGIE AVE  
City-State-Zip: CLEVELAND OH 44103

Title MGRM  
Name FLEMING, CHRIS  
Address 621 E GRAND AVENUE  
City-State-Zip: ROSHOLT WI 54473

Title MGRM  
Name COMITO, JOSEPH M  
Address 1850 COLONIAL PARKWAY  
City-State-Zip: NORWALK IA 50211

Title MGRM  
Name CLASS, BILL  
Address PO BOX 2003  
City-State-Zip: JESSUP MD 20794

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH COMITO

MGMR

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date