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: JONA BRUN

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

FLORES, REFUGIO 4269 STATE ROAD 29 STE 6 LABELLE, FL 33935 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.

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	REFUGIO FLORES		04/15/2016
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	BRUN, JONA	Name	FLORES, REFUGIO
Address	4269 STATE ROAD 29 SOUTH, STE 6	Address	4269 STATE ROAD 29 SOUTH, STE 6
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935
Title	MGRM		
Name	GUZMAN, ROBERT		
Address	4269 STATE ROAD 29, STE 6		
City-State-Zip:	LABELLE FL 33935		

Certificate of Status Desired: No

04/15/2016 Date

FILED Apr 15, 2016 Secretary of State CC3015290697

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014023

Entity Name: EBERRY HARVEST COMPANY LLC

Current Principal Place of Business:

4269 STATE ROAD 29 STE 6 LABELLE, FL 33935

Current Mailing Address:

4269 STATE ROAD 29 STE 6 LABELLE, FL 33935

FEI Number: 45-4516359

LLC MEMBER