

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000140956

**Entity Name:** INDIAN RIVER PEACH GROWERS, LLC

**Current Principal Place of Business:**

4339 STATE ROAD 60 WEST  
MULBERRY, FL 33860

**Current Mailing Address:**

4339 STATE ROAD 60 WEST  
MULBERRY, FL 33860 US

**FEI Number:** 47-4919178

**Certificate of Status Desired:** No

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

SMITH, KEITH C  
ONE MORTON DRIVE  
LAKELAND, FL 33801 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 AMBR  
Name SIZEMORE, JEFFREY  
Address 4339 STATE ROAD 60 WEST  
City-State-Zip: MULBERRY FL 33860

Title AMBR  
Name SIZEMORE, JOHN  
Address 4339 STATE ROAD 60 WEST  
City-State-Zip: MULBERRY FL 33860

Title AMBR  
Name MORALES, ADRIAN  
Address 4339 STATE ROAD 60 WEST  
City-State-Zip: MULBERRY FL 33860

Title AMBR  
Name MORALES, RICARDO  
Address 4339 STATE ROAD 60 WEST  
City-State-Zip: MULBERRY FL 33860

Title MGR  
Name SIZEMORE, JEFFREY  
Address 4339 STATE ROAD 60 WEST  
City-State-Zip: MULBERRY FL 33860

*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:** JEFFREY J SIZEMORE

MGRM

04/26/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date