

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006911

Entity Name: CLEAR SPRINGS STRAWBERRIES, LLC**Current Principal Place of Business:**6105 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880**Current Mailing Address:**P.O. BOX 1070
BARTOW, FL 33831**FEI Number:** 59-3820317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POMEROY, AMY
6105 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880 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	VP OF FINANCE, TREASURER, ASST. SECRETARY
Name	POMEROY, AMY B
Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	ASST. SECRETARY, ASST. TREASURER
Name	ACCURSO, JEAN M
Address	227 IRENHYL AVE.
City-State-Zip:	RYE BROOK NY 10573

Title	MGR, CHAIRMAN, PRESIDENT
Name	BOLING JR, FRED
Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	CONNER, DOUGLAS B
Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP, ASST. SECRETARY
Name	CARROLL, P PATRICK
Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP, SECRETARY
Name	CONNER, AMANDA S
Address	6105 SPIRIT LAKE RD.
City-State-Zip:	WINTER HAVEN FL 33880

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: AMY B POMEROY

VP FINANCE

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date