

2017 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	MGR, CHAIRMAN
Name	PHELPS, STANFORD N
Address	2001 W MAIN STREET SUITE 235
City-State-Zip:	STAMFORD CT 06902

Title	VP
Name	WILKINS, JERE
Address	PO BOX 143269
City-State-Zip:	FAYETTEVILLE GA 30214

Title	VP OF FINANCE
Name	POMEROY, AMY B
Address	6105 SPIRIT LAKE ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	SECRETARY, TREASURER
Name	ACCURSO, JEAN M
Address	2001 W MAIN STREET SUITE 235
City-State-Zip:	STAMFORD CT 06902

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

Title	VP OF DEVELOPMENT
Name	CONNER, DOUGLAS B
Address	6105 SPIRIT LAKE ROAD
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 POMEROY

VP OF FINANCE

04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date