

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005442

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC2876009204**

**Entity Name:** CLEAR SPRINGS PACKING 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:** 14-1978556

**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           MANAGER  
Name           CLEAR SPRINGS ENTERPRISES, LLC  
Address        6105 SPIRIT LAKE ROAD  
City-State-Zip: WINTER HAVEN FL 33880

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

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

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

Title           VP  
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           VP  
Name           BOLING, FRED  
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 B POMEROY

**VP**

**03/15/2016**

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

\_\_\_\_\_  
Date