

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005442

**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 CHAIRMAN, PRESIDENT, MANAGER  
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

Title VP OF FINANCE, ASST. SECRETARY,  
TREASURER  
Name POMEROY, AMY 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 ROAD  
City-State-Zip: WINTER HAVEN FL 33880

Title ASST. SECRETARY  
Name WALLACH, RICHARD E  
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 FINANCE

01/29/2026

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

\_\_\_\_\_  
Date