

2024 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 ASST. SECRETARY,
ASST.TREASURER
Name ACCURSO, JEAN M
Address 227 IRENHYL AVE.
City-State-Zip: RYE BROOK NY 10573

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

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date