

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020923

**Entity Name:** SANCHEZ FARMS, LLC

**Current Principal Place of Business:**

479 NE 446TH STREET  
OLD TOWN, FL 32680

**Current Mailing Address:**

479 NE 446TH STREET  
OLD TOWN, FL 32680 US

**FEI Number:** 90-0002987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCHEZ, VIRGINIA  
479 NE 446TH STREET  
OLD TOWN, FL 32680 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 MGRM  
Name THE HERMAN SANCHEZ, JR TRUST  
Address 479 NE 446TH STREET  
City-State-Zip: OLD TOWN FL 32680

Title MGRM  
Name THE VIRGINIA SANCHEZ TRUST  
Address 479 NE 446TH STREET  
City-State-Zip: OLD TOWN FL 32680

Title MGRM  
Name IRREVOCABLE TRUST FBO KELBY SANCHEZ  
Address 479 NE 446TH STREET  
City-State-Zip: OLD TOWN FL 32680

Title MGRM  
Name IRREVOCABLE TRUST FBO HERMAN SANCHEZ, III  
Address 479 NE 446TH STREET  
City-State-Zip: OLD TOWN FL 32680

*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:** VIRGINIA SANCHEZ

**MGR MEMBER**

**03/21/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date