

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011943

**Entity Name:** POPISH FARMS, LLC

**Current Principal Place of Business:**

360 SOUTH ROSEMARY AVENUE, SUITE 400  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

2851 JOHN STREET, SUITE ONE  
MARKHAM, ONTARIO L3R 5R7 CA

**FEI Number:** 20-2702602

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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           PRESTON, JOHN W.S.  
Address        360 SOUTH ROSEMARY AVENUE,  
                  SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MANAGER  
Name           PRESTON , MONIKA  
Address        360 SOUTH ROSEMARY AVENUE,  
                  SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MANAGER  
Name           PRESTON, JEFFREY W.  
Address        360 SOUTH ROSEMARY AVENUE,  
                  SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title           MANAGER  
Name           PRESTON, STEPHEN S.B.  
Address        3508 SAINT JOHNS DRIVE  
City-State-Zip: DALLAS TX 75205

*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:** JOHN W.S. PRESTON

**MANAGER, BY LAUREN  
DUEMIG, ATTORNEY-IN-  
FACT**

**04/23/2024**

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

\_\_\_\_\_  
Date