## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014903

Entity Name: TRI-STATE PEANUT PRODUCERS, L.L.C.

**Current Principal Place of Business:** 

5217 EIGHT AVENUE MALONE. FL 32445

**Current Mailing Address:** 

**PO BOX 157** 

MALONE, FL 32445 US

FEI Number: 20-0856676 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, RUSSELL S 2879 MADISON STREET MARIANNA, FL 32446 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

FILED Jan 12, 2021

**Secretary of State** 

0761711864CC

Authorized Person(s) Detail :

 Title
 MGRM
 Title
 MGRM

 Name
 AVERETT, EDWIN L
 Name
 FORD, LARRY

Address 7954 N STATE HWY 27 Address P. O. BOX 449

City-State-Zip: CHANCELLOR AL 36316 City-State-Zip: GREENWOOD FL 32443

Title MGRM Title MGRM

NameMCCALLISTER, JEFFNamePITTMAN, JEFFERY CAddress1698 SOUTH COUNTY ROAD 95Address6429 LOVEDALE ROADCity-State-Zip:GORDON AL 36343City-State-Zip:BASCOM FL 32423

Title MGRM Title MGRM

Name SPIVEY FARMS, INC. Name MCARTHUR, LARRY

Address 1797 COUNTY ROAD 72 Address 5567 HWY 2

City-State-Zip: CHANCELLOR AL 36316 City-State-Zip: BASCOM FL 32423

Title MGRM Title MGRM

Name WILLOUGHBY, COLBY AND KELLY Name WOMBLE, DAVID

Address 695 WILLOUGHBY RD Address 500 J Q HARVEY ROAD

City-State-Zip: GORDON AL 36343 City-State-Zip: DONALSONVILLE GA 39845

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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: LARRY FORD PRESIDENT 01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MGRM

Name MCCALLISTER, JAY

Address 1720 SOUTH COUNTY ROAD 95

City-State-Zip: GORDON AL 36343