

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014903

FILED
Jan 21, 2020
Secretary of State
7121581037CC

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

Authorized Person(s) Detail :

Title MGRM
Name AVERETT, EDWIN L
Address 6011 WEST STATE HIGHWAY 27
City-State-Zip: CHANCELLOR AL 36316

Title MGRM
Name FORD, LARRY
Address P. O. BOX 449
City-State-Zip: GREENWOOD FL 32443

Title MGRM
Name MCCALLISTER, JEFF
Address 1698 SOUTH COUNTY ROAD 95
City-State-Zip: GORDON AL 36343

Title MGRM
Name PITTMAN, JEFFERY C
Address 6429 LOVEDALE ROAD
City-State-Zip: BASCOM FL 32423

Title MGRM
Name SPIVEY FARMS, INC.
Address 1797 COUNTY ROAD 72
City-State-Zip: CHANCELLOR AL 36316

Title MGRM
Name MCARTHUR, LARRY
Address 5567 HWY 2
City-State-Zip: BASCOM FL 32423

Title MGRM
Name WILLOUGHBY, BARTON & KAREN
Address 12795 EAST CO. RD. 8
City-State-Zip: GORDON AL 36343

Title MGRM
Name WOMBLE, DAVID
Address 500 J Q HARVEY ROAD
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

MANAGING MEMBER

01/21/2020

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