

**2019 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

**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 WOMBLE, BOBBY  
Address 3681 PHIL SPOONER RD.  
City-State-Zip: DONALSONVILLE GA 39845

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

**Continues on page 2**

*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:** D BRUCE MCMULLIAN

**MANAGER**

**01/30/2019**

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

\_\_\_\_\_  
Date

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

Title MGRM  
Name WOMBLE, DAVID  
Address 500 J Q HARVEY ROAD  
City-State-Zip: DONALSONVILLE GA 39845

Title MGRM  
Name MCCALLISTER, JAY  
Address 1720 SOUTH COUNTY ROAD 95  
City-State-Zip: GORDON AL 36343