

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081935

Entity Name: WHALEY FARMS, LLC**Current Principal Place of Business:**2 POST ROAD WEST
WESTPORT, CT 06880**Current Mailing Address:**2 POST ROAD WEST
WESTPORT, CT 06880 US**FEI Number:** 20-3327051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEOPOLD KORN, P.A
20801 BISCAYNE BLVD
STE 501
AVENTURA, FL 33180 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:** NORMAN LEOPOLD

01/30/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	MARCUS , BARRY P
Address	2 POST ROAD WEST
City-State-Zip:	WESTPORT CT 06880

Title	MEMBER
Name	PERRY, CRAIG
Address	1000 SAWGRASS CORPORATE PKWY STE 110
City-State-Zip:	SUNRISE FL 33323

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: CRAIG PERRY

MEMBER

01/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date