

**2017 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

03/17/2017

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 15481 SW 12TH STREET  
STE 309  
City-State-Zip: SUNRISE FL 33326

*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

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date