

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116480

**Entity Name:** IDLEWILD FARM AND AQUATICS, LLC

**Current Principal Place of Business:**

12880 INDIAN MOUND ROAD  
WELLINGTON, FL 33449-8248

**Current Mailing Address:**

12880 INDIAN MOUND ROAD  
WELLINGTON, FL 33449-8248 US

**FEI Number:** 33-1190914

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIMES, JOHN  
12880 INDIAN MOUND ROAD  
WELLINGTON, FL 33449-8248 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 IDLEWILD STABLES, INC  
Address 12880 INDIAN MOUND ROAD  
City-State-Zip: WELLINGTON FL 33449-8248

*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:** JOHN GRIMES

**PRESIDENT**

**04/25/2016**

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

\_\_\_\_\_  
Date