

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123720

**Entity Name:** RIALS FARMS, LLC

**Current Principal Place of Business:**

6671 JUNIPER LN  
BOKEELIA, FL 33922

**Current Mailing Address:**

6671 JUNIPER LANE  
BOKEELIA, FL 33922 US

**FEI Number:** 27-2817269

**Certificate of Status Desired:** No

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

RIALS, PETER D  
5753 HWY 85 N  
#7770  
CRESTVIEW, FL 32536 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           | MGR                    | Title           | MGR                    |
| Name            | RIALS, PETER D         | Name            | RIALS, LORA            |
| Address         | 5753 HWY 85 N<br>#7770 | Address         | 5753 HWY 85 N<br>#7770 |
| City-State-Zip: | CRESTVIEW FL 32536     | City-State-Zip: | CRESTVIEW FL 32536     |

*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:** PETER RIALS

**MANAGING MEMBER**

**01/07/2024**

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

\_\_\_\_\_  
Date