

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008053

Entity Name: HALF CIRCLE L MANAGEMENT, LLC

Current Principal Place of Business:

2424 THORP ROAD
IMMOKALEE, FL 34142

Current Mailing Address:

2424 THORP ROAD
IMMOKALEE, FL 34142

FEI Number: 26-1824808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, CHARLES MJR.
2390 TAMiami TRAIL NORTH, SUITE 204
NAPLES, FL 34103 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 SCOFIELD, MICHAEL K
Address 2424 THORP ROAD
City-State-Zip: IMMOKALEE FL 34142

Title MGRM
Name SCOFIELD, DANE T
Address 2424 THORP ROAD
City-State-Zip: IMMOKALEE FL 34142

Title MGRM
Name SCOFIELD, MILES L
Address 38 BANYAN ROAD
City-State-Zip: NAPLES FL 34108

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: DANE T. SCOFIELD

MANAGING MEMBER

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date