

**2024 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**

**MGRM**

**02/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date