

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028430

Entity Name: POND RIVER FARMS, LLC

Current Principal Place of Business:

500 MOECKEL PLACE
SAINT MARYS, GA 31558

Current Mailing Address:

P.O. BOX 5245
ST. MARYS, GA 31588

FEI Number: 26-3815054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN W. NICHOLS, CPA
1635 EAGLE HARBOR PARKWAY SUITE 4
FLEMING ISLAND, FL 32003 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
Name STOVER, JOSEPH TIII
Address 500 MOECKEL PLACE
City-State-Zip: SAINT MARYS GA 31558

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: JOSEPH T. STOVER, III

MANAGER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date