

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028430

**Entity Name:** POND RIVER FARMS, LLC

**Current Principal Place of Business:**

224 DAVID PORTER COURT  
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 STOVER, III**

**MANAGER**

**02/11/2019**

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

\_\_\_\_\_  
Date