

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039869

**Entity Name:** NK LAGO FARMS, LLC

**Current Principal Place of Business:**

1049 E. MAIN STREET  
PAHOKEE, FL 33476

**Current Mailing Address:**

P.O. BOX 983  
CANAL POINT, FL 33438

**FEI Number:** 26-4750942

**Certificate of Status Desired:** No

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

LARSEN, KILEY HARPER  
1049 E. MAIN STREET  
PAHOKEE, FL 33476 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 LARSEN, KILEY HARPER-  
Address 1049 E. MAIN STREET  
City-State-Zip: PAHOKEE FL 33476

*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:** KILEY HARPER-LARSEN

MGR

03/28/2016

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

\_\_\_\_\_  
Date