

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041216

**Entity Name:** BRYSON FARMS LLC

**Current Principal Place of Business:**

718 DAFFODIL STREET  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P.O. BOX 2831  
LABELLE, FL 33975 US

**FEI Number:** 26-4778167

**Certificate of Status Desired:** No

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

BRYSON, AARON G  
718 DAFFODIL STREET  
LAKE PLACID, FL 33852 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 BRYSON, AARON  
Address P.O. BOX 2831  
City-State-Zip: LABELLE FL 33975

*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:** AARON BRYSON

**PRESIDENT**

**04/22/2019**

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

\_\_\_\_\_  
Date