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: MICHAEL SIERRA

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Mailing Address:**

703 WEST SWANN AVENUE **TAMPA FL 33606** 

### FEI Number: 27-0931721

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

SIERRA, MICHAEL ESQ. 703 WEST SWANN AVENUE TAMPA, FL 33606 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	SIERRA, MICHAEL	Name	SIERRA, TIMOTHY L
Address	17420 CRAWLEY RD.	Address	8306 JANA DRIVE
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556

FILED Apr 02, 2015

Certificate of Status Desired: No

04/02/2015

Date

Date

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000087439

Entity Name: SIERRA FAMILY FARMS, LLC

# **Current Principal Place of Business:**

703 WEST SWANN AVENUE TAMPA, FL 33606

Secretary of State CC9821424743