

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000118953

Entity Name: LA VICTORIA FARM LLC**Current Principal Place of Business:**12180 SOUTH SHORE BLVD.
SUITE 101A
WELLINGTON, FL 33414**Current Mailing Address:**14775 EQUESTRIAN WAY
WELLINGTON, FL 33414 US**FEI Number:** 45-4245170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEDGE ASSOCIATES LLC
12180 SOUTH SHORE BLVD.
SUITE 101A
WELLINGTON, FL 33414 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	MAURICE C. PERKINS III REVOCABLE TRUST
Address	11124 ISLE BROOK COURT
City-State-Zip:	WELLINGOTN FL 33414

Title	MGRM
Name	DEBORAH W. PERKINS REVOCABLE TRUST
Address	11124 ISLE BROOK COURT
City-State-Zip:	WELLINGTON FL 33414

Title	MGR
Name	WEDGE, WILLIAM J. ESQ.
Address	12180 SOUTH SHORE BLVD. SUITE 101A
City-State-Zip:	WELLINGTON FL 33414

Title	MGR
Name	PERKINS, III, MAURICE C
Address	11124 ISLE BROOK COURT
City-State-Zip:	WELLINGTON FL 33414

Title	MGRM
Name	PERKINS FAMILY TRUST U/A 11/20/2012
Address	C/O DAVID L. DUFORT DISERIO MARTIN O'CONNOR & CASTIGLIONI LLP
City-State-Zip:	STAMFORD CT 06901

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: PERKINS, III, MAURICE C

MANAGER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date