

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000004611

**Entity Name:** WALDRON FARMS, LLC

**Current Principal Place of Business:**

17750 N. U.S. HWY 301  
CITRA, FL 32113

**Current Mailing Address:**

4908 NW 34TH BLVD  
SUITE 5  
GAINESVILLE, FL 32605 US

**FEI Number:** 45-4420207

**Certificate of Status Desired:** No

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

WELCH, JOHN F  
916 SE FORT KING STREET  
OCALA, FL 34471 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            | WALDRON, SR., HOYT E  |
| Address         | 17750 N. U.S. HWY 301 |
| City-State-Zip: | CITRA FL 32113        |
| Title           | AMBR                  |
| Name            | WALDRON, JACQUELINE C |
| Address         | P.O. BOX 1078         |
| City-State-Zip: | CITRO FL 32113        |

|                 |                      |
|-----------------|----------------------|
| Title           | AMBR                 |
| Name            | WALDRON, HOYT E JR.  |
| Address         | 22011 NE 80TH STREET |
| City-State-Zip: | CITRO FL 32113       |

*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:** WALDRON, SR. , HOYT E

**MGRM**

**04/27/2015**

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

\_\_\_\_\_  
Date