

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059995

**Entity Name:** PCK FARMS, LLC

**Current Principal Place of Business:**

540 BRICKELL KEY DRIVE  
SUITE C-1  
MIAMI, FL 33131

**Current Mailing Address:**

540 BRICKELL KEY DRIVE  
SUITE C-1  
MIAMI, FL 33131

**FEI Number:** 45-5378250

**Certificate of Status Desired:** No

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

POLLACK, DAVID H  
540 BRICKELL KEY DRIVE  
SUITE C-1  
MIAMI, FL 33131 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 POLLACK, JAMES F  
Address 1025 ANASTASIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name CAPLAN, WALTER  
Address 157 WARREN DRIVE  
City-State-Zip: SAN FRANCISCO CA 94131

Title MGRM  
Name CAPLAN, JUDY  
Address 2131 TWIN MILL LANE  
City-State-Zip: OAKTON VA 22124

Title MGRM  
Name KLEIN, ANDREA  
Address 4827 HUTCHINS PLACE, NW  
City-State-Zip: WASHINGTON DC 20007

*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:** JAMES F POLLACK

**MNGR**

**04/14/2016**

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

\_\_\_\_\_  
Date