

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000153734

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC9256474449**

**Entity Name:** FLAGLER FARMS OF FLORIDA, LLC

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 1004  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 600636  
JACKSONVILLE, FL 32260-0636 US

**FEI Number:** 46-1507842

**Certificate of Status Desired:** Yes

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

THIGPEN, WESTON H  
12058 SAN JOSE BLVD.  
SUITE 1004  
JACKSONVILLE, FL 32223 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 JULINGTON CREEK FARMS, LLC  
Address 12058 SAN JOSE BLVD.  
SUITE 1004  
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM  
Name BOARDWALK FARMS, LLC  
Address 349 COUNTY HWY M  
City-State-Zip: COLOMA WI 54930

Title MGRM  
Name ONEIDA POTATO EXCHANGE, LLC  
Address 5901 FIRE LANE  
City-State-Zip: RHINELANDER WI 54501

*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:** WESTON THIGPEN

**MANAGING PARTNER**

**02/27/2017**

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

\_\_\_\_\_  
Date