2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000153734

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

Name and Address of Current Registered Agent:

THIGPEN, WESTON H 12058 SAN JOSE BLVD. **SUITE 1004** JACKSONVILLE, FL 32223 US

FILED Feb 18, 2016 Secretary of State CC9288625411

Certificate of Status Desired: Yes

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 | JULINGTON CREEK FARMS, LLC | Name | BOARDWALK FARMS, LLC |
| Address | 12058 SAN JOSE BLVD. SUITE 1004 | Address | 349 COUNTY HWY M |
| | | City-State-Zip: | COLOMA WI 54930 |
| City-State-Zip: | JACKSONVILLE FL 32223 | | |
| 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 H THIGPEN

02/18/2016 MANAGING PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

Date