

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000042863

**Entity Name:** MIDNIGHT FLORIDA FARM EQUIPMENT, LLC

**Current Principal Place of Business:**

350 CLIFTON ROAD  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

1825 PONCE DE LEON BLVD #504  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-5352062

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, SECRETARY,  
                     TREASURER  
Name            VAZQUEZ, MILVA  
Address        1825 PONCE DE LEON BLVD #504  
City-State-Zip: CORAL GABLES FL 33134

*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:** MILVA VAZQUEZ

**PRESIDENT**

**02/02/2024**

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

\_\_\_\_\_  
Date