

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094761

Entity Name: CUNNINGHAM FARM LLC.**Current Principal Place of Business:**4081 NW 36TH PLACE
JENNINGS, FL 32053**Current Mailing Address:**4081 NW 36TH PLACE
JENNINGS, FL 32053**FEI Number:** 81-1085965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMBERT, CLAY
4081 NW 36TH PLACE
JENNINGS, FL 32053 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 AMBR
Name KIRTS, CYNTHIA MARIE
Address 5413 SW 4TH PLACE
City-State-Zip: GAINESVILLE FL 32607

Title AMBR
Name WALL, LISA ANN
Address 1157 SWAN STREET
City-State-Zip: DELTONA FL 32725

Title AMBR
Name CUNNINGHAM POJER, ELEANOR
Address 229 NE HARRY AVE
City-State-Zip: MADISON FL 32340

Title AMBR
Name BLAIR, DEBRA LYNN
Address 229 NE HARRY AVE
City-State-Zip: MADISON FL 32340

Title AMBR
Name LAMBERT, CHARLES G
Address 4047 NW 36TH PLACE
City-State-Zip: JENNINGS FL 32053

Title AMBR
Name LAMBERT, CLAY G
Address 4081 NW 36TH PLACE
City-State-Zip: JENNINGS FL 32053

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: CLAY LAMBERT**REGISTERED AGENT****01/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date