that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY LARKIN

Electronic Signature of Signing Authorized Person(s) Detail

LARKIN, DOMINIC J 3030 NW 95TH AVENUE RD OCALA, FL 34482 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

Name and Address of Current Registered Agent:

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LARKIN, DOMINIC J	Name	LARKIN, TRACY L
Address	3030 NW 95TH AVENUE RD	Address	3030 NW 95TH AVENUE RD
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

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

MANAGER

04/09/2021 Date

FILED Apr 09, 2021 Secretary of State 7632811046CC

Date

Certificate of Status Desired: No

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000195342

Entity Name: THE LITTLE FIELD FARM ENTERPRISES, LLC

Current Principal Place of Business:

3030 NW 95TH AVENUE RD OCALA, FL 34482

Current Mailing Address:

3030 NW 95TH AVENUE RD OCALA. FL 34482 US

FEI Number: 83-1568980