

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000207251

**Entity Name:** JAYS FARM, LLC

**Current Principal Place of Business:**

6770 NE 155 AVENUE  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 744  
WILLISTON, FL 32696 US

**FEI Number:** 83-2143064

**Certificate of Status Desired:** No

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

WHITE, JON D  
6770 NE 155 AVENUE  
744  
WILLISTON, FL 32696 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:** JON D. WHITE

10/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WHITE, JON D  
Address PO BOX 744  
City-State-Zip: WILLISTON FL 32696

Title AMBR  
Name WHITE, DONNA K  
Address 4713 COPPER CANYON BLVD  
City-State-Zip: VALRICO FL 33594

Title AMBR  
Name WHITE, JON D  
Address 6006 TWIN FEATHER RUN  
City-State-Zip: SPRING HILL TN 37174

Title AMBR  
Name WHITE, MARY A  
Address 2030 W BASELINE RD  
#182-104  
City-State-Zip: PHOENIX AZ 85041

Title AMBR  
Name WHITE, JOYCE D  
Address 516 DUFFY ST  
City-State-Zip: SAVANNAH GA 31401

Title AUTHORIZED MEMBER  
Name WHITE, MARVIN A  
Address 5330 JOE KING ROAD  
City-State-Zip: PLANT CITY FL 33567

*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:** JON D. WHITE

MGR

10/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date