

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000256463

**Entity Name:** WADES LIVESTOCK FARM L.L.C.

**Current Principal Place of Business:**

2667 AUCILLA ROAD  
MONTICELLO, FL 32344

**Current Mailing Address:**

1710 AUCILLA ROAD  
MONTICELLO, FL 32344 US

**FEI Number:** 83-2386744

**Certificate of Status Desired:** No

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

WADES LIVESTOCK FARM L.L.C  
2667 AUCILLA ROAD  
MONTICELLO, FL 32344 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:** LUCIUS WADE

03/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WADE, LUCIUS K JR  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title MGR  
Name WADE, LUCIUS K SR  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title AUTHORIZED REPRESENTATIVE  
Name WADE, LINDA JOYCE  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title AUTHORIZED REPRESENTATIVE  
Name WILDER, KIM LAFAYE  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title AUTHORIZED MEMBER  
Name WHITEHEAD, JAMARION OMAR  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

Title AUTHORIZED MEMBER  
Name WADE, MARQUEZ JEROME  
Address 1710 AUCILLA ROAD  
City-State-Zip: MONTICELLO FL 32344

*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:** LUCIUS WADE

MGR

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date