

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000005523

Entity Name: THE NATIVE LAND COMPANY, LLC**Current Principal Place of Business:**3616 US HWY 19 S
PERRY, FL 32348**Current Mailing Address:**3616 US HWY 19 S
PERRY, FL 32348 US**FEI Number:** 84-4220956**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALBA, RUSSELL T ESQ
101 S. FRANKLIN ST STE 202
TAMPA, FL 33602 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 MGR
Name BOLAND, JEFFERY JAMES
Address P.O. BOX 811
City-State-Zip: WACISSA FL 32361

Title AUTHORIZED MANAGER
Name WILLIAM WOODROFFE
Address 940 S STERLING AVE
City-State-Zip: TAMPA FL 33629

Title AUTHORIZED MANAGER
Name JOHN BOLAND
Address P.O BOX 173
City-State-Zip: WACISSA FL 32361

Title AUTHORIZED MANAGER
Name ROSS BLAIR
Address 11928 73RD STREET EAST
City-State-Zip: PARRISH FL 34219

Title AUTHORIZED MANAGER
Name CHRISTOPHER GALAVIS
Address PO BOX 879
City-State-Zip: OCALA FL 34478

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: CHRISTOPHER GALAVIS

VP/CFO

12/14/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date