

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000005523

Entity Name: THE NATIVE LAND COMPANY, LLC**Current Principal Place of Business:**511 SE 22ND AVENUE
OCALA, FL 34471**Current Mailing Address:**511 SE 22ND AVE
OCALA , FL 34471 US**FEI Number:** 84-4220956**Certificate of Status Desired:** No**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, JAMIE
Address	101 S. FRANKLIN ST STE 202
City-State-Zip:	TAMPA FL 33602

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**PRESIDENT****02/09/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date