

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000118124

**Entity Name:** M.P.F POLLINATION,LLC

**Current Principal Place of Business:**

748 CRESTVIEW CIRCLE  
UNIT 202  
IMMOKALEE, FL 34142

**Current Mailing Address:**

748 CRESTVIEW CIRCLE  
UNIT 202  
IMMOKALEE, FL 34142

**FEI Number:** 86-2815348

**Certificate of Status Desired:** No

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

MONAGAS, JOSE  
363 W COWBOY WAY  
LABELLE, FL 33935 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 FRANCISCO DIEGO, MATEO P  
Address 748 CRESTVIEW CIRCLE, UNIT 202  
City-State-Zip: IMMOKALEE FL 34142

Title SECRETARY  
Name AMBROSIO REYES, ROSA  
Address 748 CRESTVIEW CIRCLE  
UNIT 202  
City-State-Zip: IMMOKALEE FL 34142

*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:** MATEO P FRANCISCO DIEGO

MGR

02/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date