

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000489002

**Entity Name:** ANP FARMS, LLC

**Current Principal Place of Business:**

602 DAWES RD  
FROSTPROOF, FL 33843

**Current Mailing Address:**

602 DAWES RD  
FROSTPROOF, FL 33843 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STRICKLAND, PRISCILLA  
602 DAWES RD  
FROSTPROOF, FL 33843 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           | AMBR                  | Title           | AMBR                |
| Name            | STRICKLAND, PRISCILLA | Name            | STRICKLAND, ANTHONY |
| Address         | 602 DAWES RD,         | Address         | 602 DAWES RD        |
| City-State-Zip: | FROSTPROOF FL 33843   | City-State-Zip: | FROSTPROOF FL 33843 |

*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:** PRISCILLA STRICKLAND

AMBR

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date