

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000531355

**Entity Name:** FMB FARMS LLC

**Current Principal Place of Business:**

2107 ANDREA LN  
FORT MYERS, FL 33912

**Current Mailing Address:**

2107 ANDREA LN  
FORT MYERS, FL 33912 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MCGUIRE, SCOTT  
2107 ANDREA LN  
FORT MYERS, FL 33912 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 P  
Name MCGUIRE, SCOTT  
Address 16191 SAN CARLOS BLVD 4  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name KOBAKHIDZE, KOBA  
Address 16191 SAN CARLOS BLVD 4  
City-State-Zip: FORT MYERS FL 33908

Title MGR  
Name PAINE, FREDERICK L  
Address 16191 SAN CARLOS BLVD 4  
City-State-Zip: FORT MYERS FL 33908

Title MGR  
Name PAINE, FREDERICK A  
Address 16191 SAN CARLOS BLVD 4  
City-State-Zip: FORT MYERS FL 33908

*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:** SCOTT MCGUIRE

P

04/01/2024

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

\_\_\_\_\_  
Date