

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000001220

**Entity Name:** PFAU PFARMS LLC

**Current Principal Place of Business:**

5085 SOUTHERN PARADISE LN  
MILTON, FL 32583

**Current Mailing Address:**

5085 SOUTHERN PARADISE LN  
MILTON, FL 32583 US

**FEI Number:** 87-4221674

**Certificate of Status Desired:** Yes

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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	PFAU, CELESTE	Name	PFAU, THOMAS
Address	5085 SOUTHERN PARADISE LN	Address	5085 SOUTHERN PARADISE LN
City-State-Zip:	MILTON FL 32583	City-State-Zip:	MILTON FL 32583

*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:** THOMAS PFAU

ABR

01/29/2023

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

\_\_\_\_\_  
Date