

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000086996

**Entity Name:** AAHA FARMS, LLC

**Current Principal Place of Business:**

4349 148TH TER N  
LOXAHATCHEE GROVES, FL 33470

**Current Mailing Address:**

4349 148TH TER N  
LOXAHATCHEE GROVES, FL 33470

**FEI Number:** 88-4366554

**Certificate of Status Desired:** No

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

NILOFER, KARTHIKEYAN  
2728 SHAUGHNESSY DR  
WELLINGTON, FL 33414 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           MANAGER  
Name           KARTHIKEYAN, NILOFER  
Address        4349 148TH TER N  
City-State-Zip: LOXAHATCHEE GROVES FL 33470

*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:** NILOFER KARTHIKEYAN

**MANAGER**

**03/04/2024**

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

\_\_\_\_\_  
Date