

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002775

**Entity Name:** HEADS UP FARMS, L.L.C.

**Current Principal Place of Business:**

HEADS UP FARM  
9024 TABB LANE  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

C/O MS. CONSTANCE R. TABB  
735 BEARD STREET  
TALLAHASSEE, FL 32303

**FEI Number:** 59-3579438

**Certificate of Status Desired:** No

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

TABB, CONSTANCE R  
735 BEARD STREET  
TALLAHASSEE, FL 32303 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           | MGRM                 | Title           | MGRM                 |
| Name            | TABB, CONSTANCE R    | Name            | TABB, SAMANTHA       |
| Address         | 735 BEARD STREET     | Address         | 735 BEARD STREET     |
| City-State-Zip: | TALLAHASSEE FL 32303 | City-State-Zip: | TALLAHASSEE FL 32303 |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMANTHA TABB

**MANAGER**

**04/27/2013**

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

\_\_\_\_\_  
Date