

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004955

**Entity Name:** ARTISAN FARMS, LLC

**Current Principal Place of Business:**

100 N. CORPORATE DRIVE  
SUITE 190  
BROOKFIELD, WI 53045

**Current Mailing Address:**

100 N. CORPORATE DRIVE  
SUITE 190  
BROOKFIELD, WI 53045 US

**FEI Number:** 20-5259121

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name ZIEGLER, ANDREW  
Address 100 N. CORPORATE DRIVE  
SUITE 190  
City-State-Zip: BROOKFIELD WI 53045

Title MGRM  
Name ZIEGLER, CARLENE  
Address 100 N. CORPORATE DRIVE  
SUITE 190  
City-State-Zip: BROOKFIELD WI 53045

*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:** CARLENE ZIEGLER

MGRM

03/24/2015

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

\_\_\_\_\_  
Date