

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010454

1. Entity Name  
H & L FARM, LLC



Principal Place of Business  
2574 N.E. JUNIPER DRIVE  
LEE, FL 32059

Mailing Address  
4018 CHURCHILL DRIVE  
FAYETTEVILLE, NY 72701

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3665379

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAMILTON, HOWARD  
2574 N.E. JUNIPER DRIVE  
LEE, FL 32059

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HAMILTON, HOWARD  
4018 CHURCHILL DR.  
FAYETTEVILLE, AR 72701

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LATTA, MIKE  
502 LAKEVIEW DRIVE  
SPRINGDALE, AR 72764

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000299428  
04/11/05-80105-006 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

*Howard Hamilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/05

Date

Daytime Phone #