

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000005324

1. Entity Name

HOMESTEAD FARMS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PH 3:46

1 of 2

W
3/22

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Gregory A. Martin, Esq.

Suite, Apt. #, etc.

2601 S. Bayshore Drive 1600

City & State
Miami, Florida

33133

Country
USA

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

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4. FEI Number 65-1095331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Gregory A. Martin, Esquire

Street Address (P.O. Box Number is Not Acceptable)
c/o Adorno & Zeder, P.A.

2601 S. Bayshore Drive, 1600

City
Miami

FL

Zip Code
33133

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.

SIGNATURE

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

DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Savita Kezerle
STREET ADDRESS c/o Gregory A. Martin, Esquire
CITY-ST-ZIP 2601 S. Bayshore Drive, 1600
Miami, Florida 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Mark Meyers
STREET ADDRESS c/o Gregory A. Martin, Esquire
CITY-ST-ZIP 2601 S. Bayshore Drive, 1600
Miami, Florida 33133

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Savita Kezerle 20 March 2022

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

Date

Daytime Phone #

CR2E083B (12/01)

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 488941 4330594

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Pizito

ORDER DATE : March 22, 2002

ORDER TIME : 11:30 AM

ORDER NO. : 488941-020

CUSTOMER NO: 4330594

CUSTOMER: Ms. Debbie Budde
Adorno & Zeder, P.a.
Suite 1600
2601 South Bayshore Drive
Miami, FL 33133

ANNUAL REPORT FILING

NAME: HOMESTEAD FARMS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Patricia Pizito* - EXT#1155

EXAMINER'S INITIALS: _____

02 MAR 22 PM 1:55

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