

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90580 005 ****50.00

DOCUMENT # LD1000008718 ✓

1. Entity Name

MED. Farms Immokalee, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 570819

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 570819

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

59-2832918

Applied For

Not Applicable

Zip

Country

33257 U.S.A.

Zip

Country

33257 U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH EDWARD HAGAN

Street Address (P.O. Box Number is Not Acceptable)

17637 S. DIXIE HWY.

City

MIAMI

FL

Zip Code

33157

**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.

SIGNATURE

Joseph E. Hagan JOSEPH E. HAGAN

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

4-26-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOSEPH E. HAGAN
17637 S. DIXIE HWY.
MIAMI, FL. 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DONALD M. HAGAN
17637 S. DIXIE HWY.
MIAMI, FL. 33157

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: Joseph E. Hagan JOSEPH E. HAGAN 4-26-02 305-232-2916

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

CR2E083B (12/01)