LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

W9/5

DOCUMENT # L01000017782

1. Entity Name

Carmela Farms, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -5 PM 1:30

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*****55.00 *****55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Lake Magdalene United Methodist Church

Suite, Apt. #, etc.: 2907 W. Fletcher Ave.

City & State: Tampa, Fl

Zip: 33612 Country: U.S.

3. Mailing Address: 2023 Middlewood Dr

Suite, Apt. #, etc.

City & State: Tallahassee, Fl

Zip: 32312 Country: U.S.

4. FEI Number: 61-1420305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth A. Hoffman

Street Address (P.O. Box Number is Not Acceptable): 215 S. Monroe St. Suite 420

City: Tallahassee FL Zip Code: 32301

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: Kenneth A. Hoffman

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME	Mgr Carlana Hoffman / Pres	TITLE / NAME	
STREET ADDRESS	2023 Middlewood Dr.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fl 32312	CITY-ST-ZIP	
TITLE / NAME	Mgr Lance McCullers / V. Pres	TITLE / NAME	
STREET ADDRESS	4309 Round Lake Ct.	STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl 33624	CITY-ST-ZIP	
TITLE / NAME		TITLE / NAME	
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CR2E083B (12/01)

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: Carlana M. Hoffman Carlana M. Hoffman 8/29/02 (850)386-3954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #