

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

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

05-12-2002 90609 002 ****50.00

DOCUMENT # L01000022215

1. Entity Name

FREEDOM FARMS, LLC

DO NOT WRITE IN THIS SPACE

958349

2. Principal Place of Business

200 NW AVENUE L

3. Mailing Address

P.O. BOX 2047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

City & State

BELLE GLADE, FL

Zip

33430

Country

PALM BEACH

Zip

33430

Country

PALM BEACH

4. FEI Number

APPLIED FOR

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK J. NOWICKI, P.A.

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

14155 U.S. HIGHWAY ONE

SUITE 210

City

JUNO BEACH

FL

Zip Code

33408

**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

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 STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Manager WALTER B. WILKINSON 223 PARK ROAD NORTH ROYAL PALM BEACH, FL 33411	
MANAGER JOE E. THOMPSON 116 TANBARK TRAIL WELLINGTON, FL 33414	
MANAGER JAMES S. MCNEILL 1294 BRAMPTON COVE WELLINGTON, FL 33414	

**DO NOT WRITE
IN THIS SPACE**

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:

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

4/29/02

561-996-2800