

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025069

Entity Name: FARM DIRECT, LLC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6806 KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

**New Principal Place of Business:**

6806 W KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

**Current Mailing Address:**

4720 GALLAGHER ROAD  
PLANT CITY, FL 33565

**New Mailing Address:**

FEI Number: 32-0036468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAPP, MICHELLE  
6806 KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAPP, MICHELLE  
Address: 4720 GALLAGHER ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: MGR  
Name: SAPP, RICHARD A SR.  
Address: 4720 GALLAGHER ROAD  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE SAPP

MGRM

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date