

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023916

FILED  
Mar 20, 2011  
Secretary of State

Entity Name: FLYWAY FARMS, LLC

**Current Principal Place of Business:**

1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 54-2115984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAFF, ROSE M  
1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312 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: NAFF, ROSE M  
Address: 1619 NEW LEGEND COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: BOYD, F. ALLEN  
Address: 4867 ASHVILLE HIGHWAY  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM  
Name: BOYD, STEPHANIE  
Address: 4867 ASHVILLE HIGHWAY  
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM  
Name: DAVIS FAMILY PARTNERSHIP LLC  
Address: 2727 MILLER LANDING ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: GUM SWAMP LLC  
Address: 1536 ISABEL COURT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: PAULA HERSHENSON DECLARATION OF TRUST UTD  
Address: 715 STOCKMAN LANE  
City-St-Zip: LINCOLN, CA 95648

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: ROSE M. NAFF

MGR

03/20/2011

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