

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000091367

Entity Name: DREAMFIELD FARM, LLC

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

833 CINDY DRIVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

833 CINDY DRIVE  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

5366 LEESTOWN RD.  
LEXINGTON, KY 40511

**New Mailing Address:**

1366 KEENE SOUTH ELKHORN RD.  
NICHOLASVILLE, KY 40356 US

FEI Number: 20-3529915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRAVENS, PAUL E  
833 CINDY DR  
WELLINGTON, FL 33414 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: GANGOTENA, MARIA T  
Address: 833 CINDY DRIVE  
City-St-Zip: WELLINGTON, FL 33414

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: MARIA GANGOTENA

MGRM

03/28/2011

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