

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002754

Entity Name: ALLIGATOR FARMS, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380129  
MURDOCK, FL 33938 01

**New Mailing Address:**

FEI Number: 56-2551550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, MICHAEL S  
1720 EL JOBEAN ROAD  
SUITE 204  
PORT CHARLOTTE, FL 33948 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: MGR  
Name: JONES, MICHAEL S  
Address: 1720 EL JOBEAN ROAD, SUITE 204  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR  
Name: PICCIRILLO, JOHN  
Address: 1720 EL JOBEAN ROAD, SUITE 104  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: MICHAEL S. JONES

MGR

01/04/2011

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