

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113731

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** HAWKS NEST FARM, L.L.C.

**Current Principal Place of Business:**

FRANK & JAN SHEFFIELD  
530 ROME RD US 90 EAST  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

FRANK & JAN SHEFFIELD  
P O BOX 10645  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SHEFFIELD, FRANK E  
4028 OLD BAINBRIDGE RD  
TALLAHASSEE, FL 32303      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: SHEFFIELD, FRANK E  
Address: P O BOX 10645  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGRM  
Name: SHEFFIELD, JANICE G  
Address: P O BOX 10645  
City-St-Zip: TALLAHASSEE, FL 32302

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: FRANK E. SHEFFIELD                      MGRM                      04/28/2010

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