

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096751

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** THE FARMER'S WIFE, LLC

**Current Principal Place of Business:**

205 NORTHLAKE DRIVE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

205 NORTHLAKE DRIVE  
SANFORD, FL 32773 US

**New Mailing Address:**

**FEI Number:** 27-3474530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DRISCOLL, NANCY  
205 NORTHLAKE DRIVE  
SANFORD, FL 32773 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: DRISCOLL, NANCY A MS  
Address: 205 NORTHLAKE DRIVE  
City-St-Zip: SANFORD, FL 32773 US

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: NANCY A DRISCOLL

MS

04/12/2012

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