

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000044263

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** DRAGONFLY RIDGE FARM LLC.

**Current Principal Place of Business:**

10725 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

10725 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 US

**New Mailing Address:**

**FEI Number:** 45-2476513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIMEHOUSE, DAWN M  
10725 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 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: LIMEHOUSE, DAWN M  
Address: 10725 NORTH MAGNOLIA AVENUE  
City-St-Zip: Ocala, FL 34475 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: DAWN M LIMEHOUSE

MGRM

02/17/2012

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