

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033289

**FILED**  
**Jan 10, 2013**  
**Secretary of State**  
**CC9118732141**

**Entity Name:** PEACOCK FARMS, LLC

**Current Principal Place of Business:**

26044 FAWNWOOD CRT  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26044 FAWNWOOD CRT  
BONITA SPRINGS, FL 34134

**FEI Number:** 52-2456248

**Certificate of Status Desired:** No

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

KOZLOWSKI, FRANK  
26044 FAWNWOOD CT  
BONITA SPRINGS, FL 34134 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name N B M MANAGEMENT, LLC  
Address 5172 SEAHORSE AVE.  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name SOUTHWEST FLORIDA CAPITAL INVESTORS, LLC  
Address 4801 ISLAND POND COURT, #804  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name KOZLOWSKI DEVELOPMENT CO, INC.  
Address 26044 FAWNWOOD CRT  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name GILLETTE, ROBERT  
Address 26201 MIRA WAY  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGRM  
Name LYNETTE J. MEHLE TRUST  
Address 26190 MIRA WAY  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK C. KOZLOWSKI

**MANAGER**

**01/10/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date