

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030427

**Entity Name:** MARGO'S BLUEBERRY FARM, LLC**Current Principal Place of Business:**15040 ECKERLEY DR.  
BROOKSVILLE, FL 34614**Current Mailing Address:**15056 ECKERLEY DR.  
BROOKSVILLE, FL 34614**FEI Number:** 20-3145208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURCHIO, ANTHONY J  
15056 ECKERLEY DR.  
BROOKSVILLE, FL 34614 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            | MURCHIO, ANTHONY J   |
| Address         | 15056 ECKERLEY DR.   |
| City-State-Zip: | BROOKSVILLE FL 34614 |

|                 |                      |
|-----------------|----------------------|
| Title           | MGRM                 |
| Name            | MURCHIO, MARGO L     |
| Address         | 15056 ECKERLEY DR.   |
| City-State-Zip: | BROOKSVILLE FL 34614 |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | MCMANN, HUNTER MORGAN     |
| Address         | 11003 KNUCKEY RD.         |
| City-State-Zip: | BROOKSVILLE FL 34614      |

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY J MURCHIO

MGMR

04/27/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date