

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120281

Entity Name: FARM LABOR INCOME PROGRAM, LLC

Current Principal Place of Business:

315 E NEW MARKET RD
IMMOKALEE, FL 34142

Current Mailing Address:

P O BOX 3088
IMMOKALEE, FL 34143 US

FEI Number: 27-1576488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HF REGISTERED AGENTS, LLC
1715 MONROE ST
FT MYERS, FL 33901 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: ERIN E. HOUCK-TOLL, VICE PRESIDENT

04/14/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT
Name LIPMAN, ELYSE
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

Title VP
Name MICELLE, DARREN
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

Title VP, COO, S
Name PURSE, TOBY
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

Title VP, CFO, T
Name YURKO, DREW
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

Title VP- PURCHASING
Name PRESS, MAXWELL
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

Title VP - REAL ESTATE
Name WEISINGER, MAX JAIME
Address 315 E NEW MARKET RD
City-State-Zip: IMMOKALEE FL 34142

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: ELYSE LIPMAN

MANAGER

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date