

**2021 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:** NOT APPLICABLE

**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

02/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PURSE, TOBY K  
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:** TOBY K PURSE

MANAGER

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date