

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000121727

**Entity Name:** WILLIAM REVELS FARM, LLC

**Current Principal Place of Business:**

8850 COWPEN BRANCH ROAD  
HASTINGS, FL 32145

**Current Mailing Address:**

8850 COWPEN BRANCH ROAD  
HASTINGS, FL 32145

**FEI Number:** 27-1594438

**Certificate of Status Desired:** No

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

REVELS, JON L  
8850 COWPEN BRANCH ROAD  
HASTINGS, FL 32145 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	MGR	Title	MGR
Name	REVELS, JON L	Name	REVELS, JENNIFER L
Address	8850 COWPEN BRANCH ROAD	Address	8850 COWPEN BRANCH RD
City-State-Zip:	HASTINGS FL 32145	City-State-Zip:	HASTINGS FL 32145

*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:** JENNIFER REVELS

**OFFICE MANAGER**

**03/06/2013**

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

\_\_\_\_\_  
Date