

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122022

**Entity Name:** LNB FARMS, LLC

**Current Principal Place of Business:**

25250 SW 194 AVENUE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

25250 SW 194 AVENUE  
HOMESTEAD, FL 33031

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MAAS, JOHN P  
44 NE 16 ST  
HOMESTEAD, FL 33030 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 ELLENBY, MARC JTRUSTEE  
Address 25250 SW 194 AVENUE  
City-State-Zip: HOMESTEAD FL 33031

Title MGRM  
Name ELLENBY, KIKI STRUSTEE  
Address 25250 SW 194 AVENUE  
City-State-Zip: HOMESTEAD FL 33031

*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:** MARC J. ELLENBY

**MGRM**

**02/19/2013**

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

\_\_\_\_\_  
Date