

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000032601

Entity Name: MOSS CREEK FARM, LLC**Current Principal Place of Business:**8215 MOSS CREEK LANE
LITHIA, FL 33547**Current Mailing Address:**8215 MOSS CREEK LANE
LITHIA, FL 33547 US**FEI Number:** 27-2195970**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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 | PRESIDENT | Title | AUTHORIZED REPRESENTATIVE |
| Name | BAILEY, K | Name | NICHOLS, LAUREN |
| Address | 8215 MOSS CREEK LANE | Address | 8215 MOSS CREEK LANE |
| City-State-Zip: | LITHIA FL 33547 | City-State-Zip: | LITHIA FL 33547 |
| | | | |
| Title | TREASURER | Title | AUTHORIZED REPRESENTATIVE |
| Name | HICKEY, PATRICIA A | Name | BAILEY, JACK A |
| Address | 8215 MOSS CREEK LANE | Address | 8215 MOSS CREEK LANE |
| City-State-Zip: | LITHIA FL 33547 | City-State-Zip: | LITHIA FL 33547 |

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: KELLI BAILEY

PRESIDENT

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date