

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000008756

**Entity Name:** GARY MEDICAL FARMS, LLC

**Current Principal Place of Business:**

C/O JILL LAMOUREUX  
1219 ROCK CREEK CIRCLE # 2  
LAFAYETTE, CO 80026

**Current Mailing Address:**

C/O JILL LAMOUREUX  
1219 ROCK CREEK CIRCLE # 2  
LAFAYETTE, CO 80026 US

**FEI Number:** 45-2925829

**Certificate of Status Desired:** No

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

HANEY, MARK T  
1656 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308 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:** MARK T. HANEY

08/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SUNSHINE STATE OPERATIONS, LLC  
Address        C/O JILL LAMOUREUX  
                  1219 ROCK CREEK CIRCLE # 2  
City-State-Zip: LAFAYETTE CO 80026

*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:** MARK T. HANEY

**AUTHORIZED  
REPRESENTATIVE**

08/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date