

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015397

**Entity Name:** LEFILS FARMS, LLC

**Current Principal Place of Business:**

2595 W HWY 329  
CITRA, FL 32113

**Current Mailing Address:**

P.O. BOX 1055  
SPARR, FL 32192

**FEI Number:** 27-4816849

**Certificate of Status Desired:** No

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

LEFILS, JAMES CJR.  
2595 W HWY 329  
CITRA, FL 32113 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  
Name LEFILS, JAMES CJR.  
Address 2595 W HWY 329  
City-State-Zip: CITRA, FL FL 32113

*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:** JAMES LEFILS

**PRESIDENT**

**02/28/2025**

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

\_\_\_\_\_  
Date