

2016 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 JR

MANAGER

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date