

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124205

**Entity Name:** HARRELL FARM LLC

**Current Principal Place of Business:**

2908 PLANT STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

2908 PLANT STREET  
TALLAHASSEE, FL 32304

**FEI Number:** 45-4230344

**Certificate of Status Desired:** No

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

CLAIRE A. DUCHEMIN, P.A.  
1615 VILLAGE SQUARE BLVD.  
SUITE #7  
TALLAHASSEE, FL 32309 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 HARRELL, TIMOTHY DTRUSTEE  
Address 2908 PLANT STREET  
City-State-Zip: TALLAHASSEE FL 32304

Title MGR  
Name HARRELL, ANGELA B  
Address 2908 PLANT STREET  
City-State-Zip: TALLAHASSEE FL 32304

*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:** TIMOTHY HARRELL

**OWNER**

**01/07/2015**

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

\_\_\_\_\_  
Date