

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001888

**Entity Name:** BELL FARMS LLC

**Current Principal Place of Business:**

4200 NATIONAL GUARD DR  
PLANT CITY, FL 33563

**Current Mailing Address:**

P.O. BOX 4319  
PLANT CITY, FL 33563

**FEI Number:** 45-4175282

**Certificate of Status Desired:** Yes

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

BELL, JAMIE  
4200 NATIONAL GUARD DR  
PLANT CITY, FL 33563 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	Title	MGRM
Name	BELL, JAMIE	Name	BELL, AMANDA
Address	P.O. BOX 4319	Address	P.O. BOX 4534
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563

*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:** AMANDA L.BELL

**VICE PERSIDENT**

**01/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date