

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030149

Entity Name: MARIANNA HI-CAL LLC

Current Principal Place of Business:

3333 VALLEYVIEW ROAD
MARIANNA, FL 32446

Current Mailing Address:

P. O. BOX 1505
MARIANNA, FL 32447

FEI Number: 46-2320581

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKS, CHARLEY L
2307 LITTLE PINES DR.
MARIANNA, FL 32448 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 BROOKS, CHARLEY L
Address 2307 LITTLE PINES DRIVE
City-State-Zip: MARIANNA FL 32448

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: CHARLEY L BROOKS

MANAGING PARTNER

03/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date