

**2019 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

MGR

04/30/2019

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

\_\_\_\_\_ Date