

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000032795

**Entity Name:** OLD FLORIDA FOLIAGE, LLC

**Current Principal Place of Business:**

745 BURNESED RD.  
PIERSON, FL 32180

**Current Mailing Address:**

745 BURNESED RD  
PIERSON, FL 32180 US

**FEI Number:** 46-4999802

**Certificate of Status Desired:** No

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

GAFFNEY, MARSH T.  
745 BURNESED RD  
PIERSON, FL 32180 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	GAFFNEY, MARSH T.	Name	GAFFNEY, BROOKE M
Address	2100 LEMON ST	Address	2100 LEMON STREET
City-State-Zip:	DELAND FL 32720	City-State-Zip:	DELAND FL 32720

*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:** MARSH T. GAFFNEY

MGRM

01/18/2023

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

\_\_\_\_\_ Date