

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072270

**Entity Name:** CLYDE HUNTER FARM LLC

**Current Principal Place of Business:**

6115 S.E. COUNTY ROAD 135  
JASPER, FL 32052

**Current Mailing Address:**

6115 S.E. COUNTY ROAD 135  
JASPER, FL 32052

**FEI Number: 81-2571814**

**Certificate of Status Desired: No**

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

EDWARDS, WILLIAM T JR.ESQ.  
165 WELLS ROAD, SUITE 402  
ORANGE PARK, FL 32073 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 MGR  
Name TOMPKINS, AMELIA H  
Address 6115 S.E. COUNTY ROAD 135  
City-State-Zip: JASPER FL 32052

Title MGR  
Name GOOLSBY, CINDY H  
Address 6063 S.E. COUNTY ROAD 135  
City-State-Zip: JASPER FL 32052

Title MGR  
Name HARRIS, MELISSA JAN H  
Address 6098 SE COUNTY ROAD 135  
City-State-Zip: JASPER FL 32052

Title MGR  
Name GRINER, CLYDA H  
Address 810 2ND AVENUE S.E.  
City-State-Zip: JASPER FL 32052

Title MGR  
Name HUNTER , GLORIA GRETCHEN  
Address 825 TARA TRACE CIRCLE SW  
City-State-Zip: LIVE OAK FL 32064

*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: AMELIA TOMPKINS**

**MGR**

**04/15/2019**

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

\_\_\_\_\_  
Date