

2018 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 H. TOMPKINS

MGR.

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date