

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000169369

**Entity Name:** SCATTERED PINES FARM LLC

**Current Principal Place of Business:**

171 SW HARVEY GREEN DR  
MADISON, FL 32340

**Current Mailing Address:**

P.O. BOX 1146  
MADISON, FL 32341 US

**FEI Number:** 81-3938923

**Certificate of Status Desired:** No

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

SAMPSON, JAMES B III  
634 NW FLOWERS RD  
MADISON, FL 32340 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:** JAMES B SAMPSON III

06/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                 |
|-----------------|----------------------|-----------------|-----------------|
| Title           | MGR                  | Title           | AP              |
| Name            | SAMPSON, JAMES B III | Name            | SAMPSON, ADAM J |
| Address         | 634 NW FLOWERS RD    | Address         | 8745 PURVIS RD  |
| City-State-Zip: | MADISON FL 32340     | City-State-Zip: | LITHIA FL 33547 |

*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:** JAMES SAMPSON

MGR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date