

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000119045

Entity Name: COBURN FAMILY LAND COMPANY, LLC**Current Principal Place of Business:**1205 N. MEETING TREE BLVD.
CRYSTAL RIVER, FL 34429**Current Mailing Address:**1205 N. MEETING TREE BLVD.
CRYSTAL RIVER, FL 34429**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VANNESS, THOMAS M JR
1205 N. MEETING TREE BLVD.
CRYSTAL RIVER, FL 34429 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	VANNESS, THOMAS M JR
Address	1205 N. MEETING TREE BLVD.
City-State-Zip:	CRYSTAL RIVER FL 34429
Title	AMBR
Name	THE COBURN FAMILY REAL ESTATE TRUST
Address	C/O T.M. VANNESS JR, 1205 N. MTG TREE BLVD
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	MGR
Name	COBURN, ERNEST D
Address	C/O T.M. VANNESS JR, 1205 N. MTG TREE BLVD
City-State-Zip:	CRYSTAL RIVER FL 34429

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: THOMAS VANNESS, JR.**MANAGER****03/20/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date