

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000201420

Entity Name: TOTAL AG CARE LLC**Current Principal Place of Business:**8151 JONES AVE
MOUNT DORA, FL 32757**Current Mailing Address:**8151 JONES AVE
MOUNT DORA, FL 32757 US**FEI Number:** 85-1902030**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAYNARD NEXSEN PC CORPORATION
200 E. NEW ENGLAND AVE.
SUITE 300
WINTER PARK, FL 32789 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:** AIMEE HITCHNER

04/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name H&A PACKING, LLC
Address 8151 JONES AVE
City-State-Zip: MOUNT DORA FL 32757

Title MGR
Name ATWOOD, RYAN A
Address 8151 JONES AVE
City-State-Zip: MOUNT DORA FL 32757

Title MGR
Name HILL, DAVID M JR
Address 8151 JONES AVE
City-State-Zip: MOUNT DORA FL 32757

Title MGR
Name HILL, DAVID M
Address 8151 JONES AVE
City-State-Zip: MOUNT DORA FL 32757

Title MGR
Name HILL, KYLE M
Address 8151 JONES AVE
City-State-Zip: MOUNT DORA FL 32757

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: RYAN ATWOOD

MGR

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date