

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000326046

**Entity Name:** CHANCE FAMILY FARMS, LLC**Current Principal Place of Business:**1184 MARSHALL FIELD RD  
LABELLE, FL 33935**Current Mailing Address:**PO BOX 2160  
LABELLE, FL 33975**FEI Number:** 86-3910234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANCE, BRIANA M  
4897 SR 80 W  
LABELLE, FL 33935 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	CHANCE, CHARLES E
Address	4897 STATE RD 80 W
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	CHANCE, CHARLES J
Address	1184 MARSHALL FIELD RD
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	CHANCE, KYMBERLEE B
Address	4897 STATE ROAD 80 W
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	CHANCE, BLAKE E
Address	4897 STATE ROAD 80 W
City-State-Zip:	LABELLE FL 33935

*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:** CHARLES E CHANCE

MMR

03/23/2022

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