

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000241216

**Entity Name:** DE-BO FARMS LLC

**Current Principal Place of Business:**

5639 BEVIS ROAD  
BASCOM, FL 32423

**Current Mailing Address:**

5639 BEVIS ROAD  
BASCOM, FL 32423 US

**FEI Number:** 87-1017937

**Certificate of Status Desired:** Yes

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

ADAMS, LARRY E  
5639 BEVIS ROAD  
BASCOM, FL 32423 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 WILLIAMS ADAMS, MELVIN JEAN  
Address 5639 BEVIS ROAD  
City-State-Zip: BASCOM FL 32423

Title MGR  
Name ADAMS, LARRY E  
Address 5639 BEVIS ROAD  
City-State-Zip: BASCOM FL 32423

Title AUTHORIZED MEMBER  
Name RICHARDS, CARLA DANIELLE  
Address 6 TAHOE DRIVE  
City-State-Zip: SAVANNAH GA 31405

Title AUTHORIZED MEMBER  
Name WILLIAMS, SCHNELLE PATRICE  
Address 2708-B VIA MILANO AVENUE  
City-State-Zip: TALLAHASSEE FL 32303

Title AUTHORIZED MEMBER  
Name JONES, MIKQUAILE DEONTE  
Address 324 POND PINE ST  
City-State-Zip: TALLAHASSEE FL 32310

*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:** MELVIN JEAN WILLIAMS ADAMS

**MANAGER**

**04/18/2026**

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

\_\_\_\_\_  
Date