

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000293576

**Entity Name:** THE BAREFOOT GARDENER, LLC

**Current Principal Place of Business:**

594 OLIVER DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

594 OLIVER DRIVE  
NEW SMYRNA BEACH, FL 32168

**FEI Number: 88-3077268**

**Certificate of Status Desired: No**

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

FAHLSTROM, JESICA C  
594 OLIVER DRIVE  
NEW SMYRNA BEACH, FL 32168 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            OWNER  
Name            FAHLSTROM, JESICA CAROL  
Address        594 OLIVER DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            AUTHORIZED MEMBER  
Name            FAHLSTROM, ROBERT  
Address        594 OLIVER DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            AMBR  
Name            FAHLSTROM, ROBERT  
Address        594 OLIVER DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            AMBR  
Name            HANSTINE, SAVANA  
Address        594 OLIVER DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: JESICA FAHLSTROM**

**OWNER**

**01/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date