

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000352379

**Entity Name:** MIKE'S FEED STORE, LLC

**Current Principal Place of Business:**

28 MCCALLISTER RD.  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

423 ROCK ROAD  
CRAWFORDVILLE, FL 32327 US

**FEI Number: 82-1083051**

**Certificate of Status Desired: Yes**

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

DUNCAN, PATRICIA  
423 ROCK ROAD  
CRAWFORDVILLE, FL 32327 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 AMBR  
Name DUNCAN, MICHAEL L  
Address 423 ROCK ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AMBR  
Name PILAND, BRANDEN K  
Address 682 AARON RD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title AMBR  
Name PATRICIA PILAND DUNCAN  
Address 423 ROCK ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

*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: PATRICIA PILAND DUNCAN**

**SECRETARY/TREASURER 04/28/2023**

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

\_\_\_\_\_  
Date