

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000355966

**Entity Name:** SYMBIOSIS FARM LLC

**Current Principal Place of Business:**

6947 NORTHWEST COUNTY ROAD 229  
STARKE, FL 32091

**Current Mailing Address:**

6947 NORTHWEST COUNTY ROAD 229  
STARKE, FL 32091

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LANKFORD, JASON  
6947 NORTHWEST COUNTY ROAD 229  
STARKE, FL 32091 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 AP  
Name LANKFORD, JASON  
Address 6947 NORTHWEST COUNTY ROAD  
229  
City-State-Zip: STARKE FL 32091

*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:** JASON LANKFORD

**REGISTERED AGENT**

**03/22/2024**

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

\_\_\_\_\_  
Date