

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L25000118360

**Entity Name:** FARMSITE SKN RESERVE LLC

**Current Principal Place of Business:**

12301 AMBER WAVES RD  
LEHIGH ACRES, FL 33974

**Current Mailing Address:**

12301 AMBER WAVES RD  
LEHIGH ACRES, FL 33974 US

**FEI Number:** 33-4123658

**Certificate of Status Desired:** No

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

RAWLINS, ALFRED  
12301 AMBER WAVES RD  
LEHIGH ACRES, FL 33974 US

**FILED**  
**Feb 02, 2026**  
**Secretary of State**  
**1624256263CC**

*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 RAWLINS, ALFRED  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name KING, TICHELLE  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name RAWLINS, AKIN  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name RAWLINS, JASON  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name RAWLINS, NIGEL  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name MORTON, TROY  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name RAWLINS, OVANDO  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

Title AMBR  
Name MORTON, TANISHA  
Address 12301 AMBER WAVES RD  
City-State-Zip: LEHIGH ACRES FL 33974

**Continues on page 2**

*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:** ALFRED RAWLINS

**AUTHORIZED MEMBER**

**02/02/2026**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AMBR

Name MORTON, TARIK

Address 12301 AMBER WAVES RD

City-State-Zip: LEHIGH ACRES FL 33974