

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004798

**Entity Name:** AFM LAND SALES, LLC

**Current Principal Place of Business:**

407 N. PIKE ROAD EAST  
SUMTER, SC 29153

**Current Mailing Address:**

8702 RED OAK BLVD  
SUITE C  
CHARLOTTE, NC 28217 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MATHIS, CHARLES RJR  
4962 OLD SPANISH TRAIL ROAD  
MARIANNA, FL 32448 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 BELSER, ROY E  
Address 407 N. PIKE ROAD EAST  
City-State-Zip: SUMTER SC 29153

Title MGR  
Name SCHROEDER, RODNEY  
Address 215 WINCHESTER DR, SUITE 111  
City-State-Zip: TYLER TX 75701

Title MGR  
Name ANDERTON, DAVID TJR.  
Address 3699 PALMORE COURT  
City-State-Zip: POWHATAN VA 23139

Title MGR  
Name MARGO, THOMAS JR  
Address 8702 RED OAK BLVD  
SUITE C  
City-State-Zip: CHARLOTTE NC 28217

Title MGR  
Name FERGUSON, ANDREW C  
Address 11032 VISTA HAVEN DRIVE  
City-State-Zip: CHARLOTTE NC 28217

Title MANAGER  
Name CALDER, MICHAEL W  
Address 13570 NW 101ST DRIVE  
SUITE 500  
City-State-Zip: ALACHUA FL 32615

Title MANAGER  
Name MATHIS, CHARLES  
Address 4962 OLD SPANISH TRAIL ROAD  
City-State-Zip: MARIANNA FL 32448

*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:** THOMAS J MARGO

**MANAGER**

**04/27/2017**

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

\_\_\_\_\_  
Date