

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000004248

Entity Name: ARDMORE FARMS, LLC**Current Principal Place of Business:**222 S MAIN STREET, SUITE 401
AKRON, OH 44308**Current Mailing Address:**222 S MAIN STREET, SUITE 401
AKRON, OH 44308 US**FEI Number:** 23-1443846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** LAURA BRODERICK, ASSISTANT SECRETARY

02/19/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LLOYD, GRAHAM
Address 222 SOUTH MAIN STREET
SUITE 401
City-State-Zip: AKRON OH 44308

Title MANAGER, SECRETARY
Name PRESSNELL, JONATHAN
Address 222 SOUTH MAIN STREET
SUITE 401
City-State-Zip: AKRON OH 44308

Title MANAGER, VP
Name LEMAY, JOHN
Address 222 SOUTH MAIN STREET
SUITE 401
City-State-Zip: AKRON OH 44308

Title MANAGER, CEO, PRESIDENT
Name MUSCATO, ANTHONY
Address 222 SOUTH MAIN STREET
SUITE 401
City-State-Zip: AKRON OH 44308

Title CFO, VICE TREASURER
Name KANTOR, DAVID
Address 222 SOUTH MAIN STREET
SUITE 401
City-State-Zip: AKRON OH 44308

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: DAVID KANTOR

CFO, VICE TREASURER

02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date