2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001345 1. Entity Name AGRO SERVICES OF TYLER LLC					FILED			
116 E. HERITAGE DR. 116 STE #106 STE TYLER TX 75709 TYL		Mailing Address 116 E. HERITAGE DR. STE #106 TYLER TX 75703	16 E. HERITAGE DR. ITE #106 YLER TX 75703		MUL 1005.	-7 PM 1:23	3 SNS SA	
3933 FM 344 E. 4		3. Mailing Address 4710 KINSEY DF Suite, Apt. #, etc.	710 KINSEY DR.		DO NOT WRITE IN THIS SPACE			
TYLER, TX TY		City & State TYLER, TX	YLER, TX		Number 75-2824760	_ N	pplied For ot Applicable	
Zip 75703	Country U.S.	Zip 75703	Country U.S.	5. Cer	tificate of Status Desired	S5.00 Add		
	6. Name and Address of Current F			7. Nar	ne and Address of New Re			
CROSBY, BEN 5901 CR 721				Name Street Address (P.O. Box Number is Not Acceptable)				
LORIDA F	L 33857		City			FL Zip Code		
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
FILE NO Make Check Pay			W!!! FEE IS : able to Depar	-		!		
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE WET, PIERRE 116 E HERITAGE DR., #106 TYLER TX	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MGR DE WET, 4710 KIN TYLER, T	NSEY DR.	Ž Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		✓ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8000043 -06/06		-013	
NAME STREET ADDRESS CITY-ST-ZIP	.*	□ Delete	*TITLE** NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY _a ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		4	☐ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that mysignature 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 608, Florida Statutes.								

4/27/01

(903) 581-3883 Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE