

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074087

**Entity Name:** NATURAL AG SOLUTIONS, LLC

**Current Principal Place of Business:**

251 DEER TRAIL EAST  
SEBRING, FL 33876

**Current Mailing Address:**

PO BOX 563  
SEBRING, FL 33871-0563 US

**FEI Number:** 27-0667925

**Certificate of Status Desired:** No

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

CULLENS, CHARLES S  
9235 COUNTY RD. 635  
SEBRING, FL 33875 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                | Title           | MGR                  |
| Name            | TUCK, RICHARD A    | Name            | CULLENS, CHARLES S   |
| Address         | 1611 SANDWEDGE CT. | Address         | 9235 COUNTY ROAD 635 |
| City-State-Zip: | SEBRING FL 33872   | City-State-Zip: | SEBRING FL 33875     |

*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:** CHARLES S. CULLENS

**MGR**

**04/21/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date