

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074015

**Entity Name:** AGP HORIZONS LLC

**Current Principal Place of Business:**

9400 S TROPICAL TRL  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

P O BOX 1626  
CAPE CANAVERAL, FL 32920

**FEI Number:** 45-2624773

**Certificate of Status Desired:** No

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

CAMPBELL, CHARLES C ESQ.  
4106 N US HIGHWAY 1  
MELBOURNE, FL 32935 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:** CHARLES C CAMPBELL, ESQ.

03/20/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALLMON, CAROLYN M  
Address P O BOX 1626  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MGRM  
Name CAMPBELL, BARBARA A  
Address P O BOX 1626  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MGRM  
Name CAMPBELL, LINDEN S  
Address P O BOX 1626  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** BARBARA A. CAMPBELL

MGR M

03/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date