

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000026688

**Entity Name:** NATURAL AGRICULTURE SOLUTIONS OF AMERICA LLC

**Current Principal Place of Business:**

823 NE GUM SWAMP RD.  
LAKE CITY, FL 32055

**Current Mailing Address:**

823 NE GUM SWAMP RD.  
LAKE CITY, FL 32055

**FEI Number: 46-4836400**

**Certificate of Status Desired: Yes**

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

YARBROUGH, JAMI L  
823 NE GUM SWAMP RD.  
LAKE CITY, FL 32055 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 AMBR  
Name YARBROUGH, JAMI L  
Address 823 NE GUM SWAMP RD.  
City-State-Zip: LAKE CITY FL 32055

Title AMBR  
Name YARBROUGH, CHRISTOPHER K  
Address 823 NE GUM SWAMP RD.  
City-State-Zip: LAKE CITY FL 32055

Title AP  
Name YARBROUGH, JORDAN C  
Address 823 NE GUM SWAMP RD.  
City-State-Zip: LAKE CITY FL 32055

Title AR  
Name YARBROUGH, CHRISTOPHER JACE  
Address 823 NE GUM SWAMP RD.  
City-State-Zip: LAKE CITY FL 32055

Title AR  
Name YARBROUGH, CHRISTOPHER JAGGER  
Address 823 NE GUM SWAMP ROAD  
City-State-Zip: LAKE CITY FL 32055

*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: JAMI YARBROUGH**

**AMBR**

**03/31/2018**

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

\_\_\_\_\_  
Date