

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000019

Entity Name: CF INDUSTRIES SALES, LLC**Current Principal Place of Business:**4 PARKWAY NORTH, SUITE 400
DEERFIELD, IL 60015**Current Mailing Address:**4 PARKWAY NORTH, SUITE 400
DEERFIELD, IL 60015**FEI Number:** 72-1159610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | MEMBER |
| Name | CF INDUSTRIES ENTERPRISES, INC. |
| Address | 4 PARKWAY NORTH, SUITE 400 |
| City-State-Zip: | DEERFIELD IL 60015 |

| | |
|-----------------|----------------------------|
| Title | MANAGER |
| Name | CHRISTIE, BEATA |
| Address | 4 PARKWAY NORTH, SUITE 400 |
| City-State-Zip: | DEERFIELD IL 60015 |

| | |
|-----------------|----------------------------|
| Title | MANAGER |
| Name | NIGHTINGALE , BRETT R. |
| Address | 4 PARKWAY NORTH, SUITE 400 |
| City-State-Zip: | DEERFIELD IL 60015 |

| | |
|-----------------|----------------------------|
| Title | MANAGER |
| Name | HUCH , TERRELL D. |
| Address | 4 PARKWAY NORTH, SUITE 400 |
| City-State-Zip: | DEERFIELD IL 60015 |

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: EUGENE M. MCCLUSKEY

VP OF TAX

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date