

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008608

Entity Name: AG CONNECTIONS, LLC**Current Principal Place of Business:**111 POPLAR STREET
STE. 212
MURRAY, KY 42071**Current Mailing Address:**111 POPLAR STREET
STE. 212
MURRAY, KY 42071 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HWY 1
NORTH PALM BEACH, FL 33408 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 VP
Name DUNCAN, MELISSA
Address 11055 WAYZATA BLVD.
City-State-Zip: MINNETONKA MN 55305

Title ASST. TREASURER
Name BAO, EDDIE
Address 3411 SILVERSIDE ROAD
City-State-Zip: WILMINGTON DE 19810

Title VP
Name POTTS, JOHN
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title VP
Name COWMAN, RON
Address 9 DAVIS DRIVE
City-State-Zip: RESEARCH TRIANGLE PARK NC 27709

Title VP
Name BAGLEY, JASON
Address 410 SWING ROAD
City-State-Zip: GREENSBORO NC 27409

Title ASST. SECRETARY
Name HARDY, DEREK
Address 3411 SILVERSIDE ROAD SUITE 100
SHIPLEY BLDG. CONCORD PLAZA
City-State-Zip: WILMINGTON DE 19810

Title ASST. TREASURER
Name GRACE, MATTHEW
Address CONCORD PLAZA, SHIPLEY BLDG
3411 SILVERSIDE RD. STE 100
City-State-Zip: WILMINGTON DE 19810

Title ASST. SECRETARY
Name QUAIN, CHERYL
Address 3411 SILVERSIDE ROAD
SHIPLEY BLDG. SUITE 100
City-State-Zip: WILMINGTON DE 19810

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: DEREK HARDY**ASST. SECRETARY, BY 04/27/2024
JON-MICHAEL SANCHEZ
ATTORNEY-IN-FACT**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

