

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90013 001 ****50.00

DOCUMENT # L00000001733

1. Entity Name
TRIGEN CITRUS, LLC



Principal Place of Business
1025 COUNTY RD. 17N
LAKE PLACID, FL 33852

Mailing Address
1025 COUNTY RD. 17N
LAKE PLACID, FL 33852

20047450



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0983608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOAK, JOHN F III
1025 COUNTY RD. 17N
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME AGRI-DEL, INC.
STREET ADDRESS 1025 COUNTY RD. 17N
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE MGR ☒ Delete
NAME SMOAK, JOHN F III
STREET ADDRESS 1025 COUNTY RD. 17N
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE MGR ☒ Delete
NAME SMOAK, PHILIP L
STREET ADDRESS 1025 COUNTY RD. 17N
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE MGR ☒ Delete
NAME SMOAK, SAMANTHA L
STREET ADDRESS 6995 ST. 66
CITY-ST-ZIP ZOLFO SPRINGS, FL

TITLE MGR ☒ Delete
NAME SMOAK, EDWARD L JR.
STREET ADDRESS 1025 COUNTY RD. 17N
CITY-ST-ZIP LAKE PLACID, FL

TITLE MGR ☒ Delete
NAME SMOAK, MASON G
STREET ADDRESS 1025 COUNTY RD. 17N
CITY-ST-ZIP LAKE PLACID 17N, FL

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Mason G. Smoak

Mason G. Smoak, President
AGRI-DEL, Inc.

4/22/05

863-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #