

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001733

Entity Name: TRIGEN CITRUS, LLC

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852

**New Mailing Address:**

FEI Number: 65-0983608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMOAK, JOHN F III  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID, FL 33852 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AGRI-DEL, INC.  
Address: 1025 COUNTY ROAD 17 NORTH  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN F. SMOAK III

MGR

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date