

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 003 *****50.00

DOCUMENT # L00000004247

1. Entity Name

SOUTHERN AG & TURF, L.L.C.

Principal Place of Business

**100 SOUTH DANCY ST.
HASTINGS FL 32145**

Mailing Address

**PO BOX 757
HASTINGS FL 32145-0757**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ZANE W
9150 C.R. 13 SOUTH
HASTINGS FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM SMITH, ZANE W 9150 C.R. 13 SOUTH HASTINGS FL 32145	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM SMITH, ARLIE 9200 C.R. 13 SOUTH HASTINGS FL 32145	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM SMITH, H. WESLEY 8770 C.R. 13 SOUTH HASTINGS FL 32145	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM MARSHALL, KEITH 1490 MAGNOLIA DRIVE CAIRGO GA 31728	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM MARSHALL, HENRY M PO BOX 640 CAIRO GA 31728	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Daytime Phone #