

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90088 007 ****50.00

DOCUMENT # L00000008902

1. Entity Name
OLD-AGROS LLC



Principal Place of Business

**3345 OLEANDER WAY
GULF STREAM FL 33483**

Mailing Address

**3345 OLEANDER WAY
GULF STREAM FL 33483**

2. Principal Place of Business

9711 8TH PLACE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

9711 8TH PLACE SOUTH

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number **62-1724789**

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent:

**SCANNELL, THOMAS F III
3345 OLEANDER WAY
GULF STREAM FL 33483**

7. Name and Address of New Registered Agent

Name **SCANNELL, THOMAS F III**

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

9711 8TH PLACE SOUTH

City

BOYNTON BEACH

FL

Zip Code

33437

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

Thomas F. Scannell

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

(NOTE: Registered Agent signature required when reinstating)

1-14-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCANNELL, THOMAS F III**
STREET ADDRESS **3345 OLEANDER WAY**
CITY-ST-ZIP **GULF STREAM FL 33483**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Scannell, Thomas F III**
STREET ADDRESS **9711 8TH PLACE SOUTH**
CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Thomas F. Scannell

1-14-03

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

Date

Daytime Phone #

CR2E083 (10/02)