

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000001620**

1. Entity Name

AGRO-TRADE LLC

Principal Place of Business

**1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060**

Mailing Address

**1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Annesley House, Rectory Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N. Farmbridge, Chelmsford

City & State

City & State

Essex

Zip

Country

U.K.

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

**CARLTON MANAGEMENT, INC.
1591 EAST ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060**

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	MGR RAYNER, CRAIG A ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE CHELMSFORD, ESSEX, UK	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAYNER, SYLVIA G ANNESLEY HOUSE, RECTORY ROAD, N. FAMBRIDGE CHELMSFORD, ESSEX, UK	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

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

3/14/02

Date

954-943-1498

Daytime Phone #

**FILED
Apr 18, 2002 8:00 am
Secretary of State**

03-29-2002 91062 001 ***700.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)