

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000019949

1. Entity Name
AGRICULTURAL RISK MANAGEMENT, LLC



Principal Place of Business
**14700 TROYER BROTHERS ROAD
FORT MYERS, FL 33913**

Mailing Address
**P.O. BOX 303
ALVA, FL 33920**



03272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0479190

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TROYER, AARON
22251 PALM BEACH BLVD
ALVA, FL 33920**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRT
TROYER, AARON
22251 PALM BEACH BLVD
ALVA, FL 33920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BUDD, DAVID G
5551 RIDGEWOOD DR STE 501
NAPLES, FL 34103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TROYER, AARON
22251 PALM BEACH BLVD
ALVA, FL 33920**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

UG00000930474
05/21/08-80110-015 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID G BUDD, ASSISTANT SECRETARY

4-7-08 239-514-1000