

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90252 047 ****55.00

DOCUMENT # L02000019949

1. Entity Name

AGRICULTURAL RISK MANAGEMENT, LLC



Principal Place of Business

**14700 TROYER BROTHERS ROAD
FORT MYERS FL 33913**

Mailing Address

**22251 PALM BEACH BOULEVARD
ALVA FL 33920**

2. Principal Place of Business

3. Mailing Address

P.O. Box 303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Alva FL

Zip

Country

Zip

Country

33920 US

4. FEI Number

03-0479190

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACIA, ALBERTO A
3033 RIVIERA DRIVE STE. 201
NAPLES FL 34103**

Name

Aaron Troyer

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

22251 Palm Beach Blvd

City

Alva

FL

Zip Code

33920

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

Aaron Troyer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Operating MANAGER** ☐ Delete
NAME **AARON TROYER**
STREET ADDRESS **22251 Palm BEACH BLVD**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Aaron Troyer

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

Date

Daytime Phone #

4/21/03

CR2E083 (10/02)