2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008
Secretary of State

DOCUMENT# L02000026299

Entity Name: FLORIDA SOY SOLUTIONS LLC

Current Principal Place of Business:

940 OLD MAIL LANE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

940 OLD MAIL LANE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 48-1279070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

O'CONNELL, ROBERT V
940 OLD MAIL LANE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	O'CONNELL, ROBERT V	
Address:	940 OLD MAIL LANE	
City-St-Zip:	SANFORD, FL 32773	
Title:	MGR	( ) Delete
Name:	O'CONNELL, ROBERT V	
Address:	940 OLD MAIL LANE	
City-St-Zip:	SANFORD, FL 32773	
Title:	MGR	( ) Delete
Name:	O'CONNELL, TAMMY M	
Address:	940 OLD MAIL LANE	
City-St-Zip:	SANFORD, FL 32773	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT V O'CONNELL MGR 06/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date