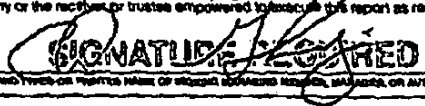


FILED
Aug 04, 2003 8:00 am
Secretary of State

05-01-2003 90079 019 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027445			
1. Entity Name AGGRISOURCE, LLC			
Principal Place of Business 110 23RD STREET, N.W. NAPLES FL 34120		Mailing Address 110 23RD STREET, N.W. NAPLES FL 34120	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address P.O. Box 7163 Suits, Apt. #, etc.	
City & State Naples, FL		4. FEI Number 04-37116528	
Zip 34101		Country USA	
5. Name and Address of Current Registered Agent GEHRING, CHRISTOPHER 110 23RD STREET, N.W. NAPLES FL 34120		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For Not Applicable	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		Zip Code	
City		FL	
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 _____ DATE _____ Signature based on printed name of registered agent and state of residence. (NOTE: Registered Agent signature required when redesignating)			
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Member President Christopher Gehring 110 23rd St NW Naples, FL 34120		☐ Change ☐ Addition	
Member Vice President Ben Smith 2565 Green St SW Naples, FL 34105		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		9-28-03	