

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023702

1. Entity Name
AG FLYERS, LLC



Principal Place of Business
150 N. GRAVES ROAD
FT. PIERCE, FL 32945

Mailing Address
P.O. BOX 2667
FORT PIERCE, FL 34954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-0937113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

SCHIRARD, J. BRANTLEY
150 N. GRAVES ROAD
FORT PIERCE, FL 34945

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. 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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME SCHIRARD, J. BRANTLEY
STREET ADDRESS 150 NORTH GRAVES ROAD
CITY-ST-ZIP FORT PIERCE, FL 34945

☐ Change ☐ Addition
U000000745990
05/16/07-80052-002 50.00

TITLE VT ☐ Delete
NAME SCHIRARD, J. BRANTLEY JR
STREET ADDRESS 150 NORTH GRAVES ROAD
CITY-ST-ZIP FORT PIERCE, FL 34945

☐ Change ☐ Addition

TITLE V ☐ Delete
NAME FANNIZZI, FRED
STREET ADDRESS 12399 NORTHEAST 224TH STREET
CITY-ST-ZIP OKEECHOBEE, FL 34972

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/07

772-444-0112

Date

Daytime Phone #