

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023702

Entity Name: AG FLYERS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

150 N. GRAVES ROAD
FT. PIERCE, FL 32945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2667
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 20-0937113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIRARD, J. BRANTLEY
150 N. GRAVES ROAD
FORT PIERCE, FL 34945 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: P () Delete
Name: SCHIRARD, J. BRANTLEY
Address: 150 NORTH GRAVES ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: VT () Delete
Name: SCHIRARD, J. BRANTLEY JR
Address: 150 NORTH GRAVES ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: V () Delete
Name: FANNIZZI, FRED
Address: 12399 NORTHEAST 224TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

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: J. BRANTLEY SCHIRARD, JR.

VT

04/30/2009

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