

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023702

Entity Name: AG FLYERS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

150 N. GRAVES ROAD  
FT. PIERCE, FL 32945

**New Principal Place of Business:**

14800 INDRIIO ROAD  
FT. PIERCE, FL 34945

**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:**

SCHIRARD, J. BRANTLEY  
14800 INDRIIO ROAD  
FORT PIERCE, FL 34945 US

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:

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

I hereby 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

RA

04/29/2010

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