

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90024 039 \*\*\*\*50.00

**DOCUMENT # L04000045880**

1. Entity Name

TALLAHASSEE SEED TESTING, L.L.C.



Principal Place of Business

1510 CAPITAL CIRCLE SE  
TALLAHASSEE FL 32301

Mailing Address

1510 CAPITAL CIRCLE SE  
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 180037

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32318

Country

U.S.A.

4. FEI Number

83-0400282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

JOHNSON, RALPH E JR  
2860 MINUET LANE  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

*Ralph E. Johnson, Jr.*

(NOTE: Registered Agent signature required when reinstating)

3-3-06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME GUTORMSON, TIMOTHY J  
STREET ADDRESS 236 32ND AVENUE  
CITY-ST-ZIP BROOKINGS SD 57006

TITLE MGRM ☐ Delete  
NAME HANSON-GUTORMSON, SHARON L  
STREET ADDRESS 236 32ND AVENUE  
CITY-ST-ZIP BROOKINGS SD 57006

TITLE MGRG ☐ Delete  
NAME JOHNSON, RALPH E JR  
STREET ADDRESS 1510 CAPITAL CIRCLE SE, SUITE E1  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Ralph E. Johnson, Jr.*

3-3-06

850-877-3799