

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084862

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: TURFPAC USA, LLC

**Current Principal Place of Business:**

10586 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

11291 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

4526 BANNONS WALK CT.  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNGBLOOD, GEOFF  
4526 BANNONS WALK CT.  
JACKSONVILLE, FL 32258 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: MGRM ( ) Delete  
Name: TOOLS FOR A TIME, IN, C.  
Address: 10586 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOOLS FOR A TIME, IN, C.  
Address: 11291 OLD ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: GEOFFREY A. YOUNGBLOOD                      MGMR                      04/25/2008

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