

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000090658

1. Entity Name
AGRONOMIC SYSTEMS DESIGN, LLC



Principal Place of Business
4460 LEGENDARY DRIVE
SUITE 400
DESTIN, FL 32541

Mailing Address
P.O. BOX 579
DESTIN, FL 32540



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2046078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, MICHAEL H
101 EAST KENNEDY BOULEVARD STE 2800
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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

U000000757122
05/23/07-80059-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TURLEY, LARRY D 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TURLEY, KATHY 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AGRONOMICS SYSTEMS DESIGN GROUP, INC. 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-07 850-650-2000