


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-21-2007 90364 044 ****50.00

DOCUMENT # L05000117187

1. Entity Name
INTERNATIONAL AGRONOMY SERVICES, LLC



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

Mailing Address
**PO BOX 579
 DESTIN, FL 32540**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **11-3773957** Applied For
APPEARED 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 BLVD., SUITE 2800
 TAMPA, FL 33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 TURLEY, LARRY D
 PO BOX 579
 DESTIN, FL 32540** Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
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Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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, and I am required to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

4-30-07 850-650-2000
 Date Daytime Phone #

Larry D Turley

