

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047740

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: JWS AGRICULTURAL SERVICES, L.L.C.

## Current Principal Place of Business:

9121 N. MILITARY TRAIL, SUITE 108  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

9121 N. MILITARY TRAIL, SUITE 108  
108  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

P.O. BOX 925  
INDIANTOWN, FL 34956

## New Mailing Address:

FEI Number: 20-8631170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, JACK S  
9002 S.E. BRIDGE RD.  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

WHITE, JUNE  
9121 N. MILITARY TRAIL  
SUITE 108  
PALM BEACH GARDENS, FL 33410 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: JUNE WHITE

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: WHITE, ROBERT F  
Address: PO BOX 925  
City-St-Zip: INDIANTOWN, FL 34956

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WHITE, JUNE  
Address: P. O. BOX 925  
City-St-Zip: INDIANTOWN, FL 34956

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: ROBERT F. WHITE

P

01/14/2009

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