

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051322

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** TROST IRRIGATION OF FLORIDA LLC

**Current Principal Place of Business:**

109 AMBERSWEET WAY #301  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

109 AMBERSWEET WAY #301  
DAVENPORT, FL 33897

**New Mailing Address:**

FEI Number: 20-4835764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROST, JEFFREY  
109 AMBERSWEET WAY #301  
DAVENPORT, FL 33897 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: MGR ( ) Delete  
Name: TROST, JEFFREY  
Address: 109 AMBERSWEET WAY #301  
City-St-Zip: DAVENPORT, FL 33897

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

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: TROST, AMY  
Address: 109 AMBERSWEET WAY #301  
City-St-Zip: DAVENPORT, FL 33897

Title: MGR ( ) Change (X) Addition  
Name: MONSON, ROBERT  
Address: 1304 CANOPY OAK  
City-St-Zip: MINNEOLA, FL 34715VP

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: AMY TROST

VP

02/02/2009

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