

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051322

**FILED**  
**Apr 30, 2010**  
**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:**

13900 CR 455  
SUITE 107-409  
CLERMONT, FL 34711

**Current Mailing Address:**

109 AMBERSWEET WAY #301  
DAVENPORT, FL 33897

**New Mailing Address:**

13900 CR 455  
SUITE 107-409  
CLERMONT, FL 34711

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:**

TROST, JEFFREY  
13900 CR 455  
SUITE 107-409  
CLERMONT, FL 34711 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: JEFFREY TROST

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: TROST, AMY  
Address: 13900 CR 455, SUITE 107-409  
City-St-Zip: CLERMONT, FL 34711

Title: MGR  
Name: MONSON, ROBERT  
Address: 1304 CANOPY OAK  
City-St-Zip: MINNEOLA, FL 34715

I hereby 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: JEFFREY TROST

PRES

04/30/2010

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