

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051322

FILED  
May 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

13900 CR 455  
SUITE 107-409  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

13900 CR 455  
SUITE 107-409  
CLERMONT, FL 34711

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

Title: MGRM  
Name: TROST, JEFFREY A  
Address: 13900 CR 455 SUITE 107-409  
City-St-Zip: CLERMONT, FL 34711

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: AMY TROST

VP

05/01/2012

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