

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056287

Entity Name: AGRI-TREAT LLC

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

1005 BELLA VISTA BLVD
UNIT 109
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

996 WINDWARD WAY
SAINT AUGUSTINE BEACH, FL 32080

Current Mailing Address:

PO BOX 3225
PONTE VEDRA BEACH, FL 320043225 US

New Mailing Address:

FEI Number: 20-4965903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORN, TODD M
1005 BELLA VISTA BLVD
UNIT 109
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HORN, TODD M
996 WINDWARD WAY
SAINT AUGUSTINE BEACH, FL 32080 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: TODD M. HORN

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS () Delete
Name: RANDOLPH, LESLIE R
Address: 695 A1A N. UNIT 67
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RANDOLPH, LESLIE R
Address: 695 A1A N. UNIT 67
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRES () Change (X) Addition
Name: HORN, TODD M
Address: 996 WINDWARD WAY
City-St-Zip: SAINT AUGUSTINE BEACH, FL 32080 US

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: TODD M. HORN

PRES

02/06/2009

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