

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076933

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** AUTOMATED AG SYSTEMS, LLC

**Current Principal Place of Business:**

3909 SNAPPER POINTE DR.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3909 SNAPPER POINTE DR.  
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number:** 26-0654537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MASON, STEPHEN  
16255 BAY VISTA DR.  
CLEARWATER, FL 33760 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:** MEMB  
**Name:** MASON, STEPHEN R  
**Address:** 3909 SNAPPER POINTE DR.  
**City-St-Zip:** TAMPA, FL 33611

**Title:** MEMB  
**Name:** MASON, WANDA S  
**Address:** 3909 SNAPPER POINTE DRIVE  
**City-St-Zip:** TAMPA, FL 33611

**Title:** MGRM  
**Name:** DAGORRET, JOHN J  
**Address:** 10744 OSCEOLA DRIVE  
**City-St-Zip:** NEW PORT RICHI, FL 34654

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:** STEPHEN R MASON

MR.

01/30/2012

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