

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054094

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** AGROPRO LANDSCAPE DEVELOPMENT, LLC

**Current Principal Place of Business:**

1 HICKORY LOOP WAY  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 HICKORY LOOP WAY  
OCALA, FL 34472 US

**New Mailing Address:**

**FEI Number:** 90-0491503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, THOMAS N III  
1 HICKORY LOOP WAY  
OCALA, FL 34472 US

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

WILSON, THOMAS N III  
1595 HWY A1A  
201  
SATELLITE BEACH, FL 32937 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:** THOMAS N WILSON III

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WILLIAMS, STEPHEN  
**Address:** 1 HICKORY LOOP WAY  
**City-St-Zip:** OCALA, FL 34472 US

**Title:** MGRM  
**Name:** WILSON, THOMAS N III  
**Address:** 1595 HWY A1A  
**City-St-Zip:** SATELLITE BEACH, FL 32937 US

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:** THOMAS N WILSON III

CEO

01/04/2011

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