

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074087

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** NATURAL AG SOLUTIONS, LLC

**Current Principal Place of Business:**

1611 SANDWEDGE CT.  
SEBRING, FL 33872

**New Principal Place of Business:**

9235 COUNTY ROAD 635  
SEBRING, FL 33875

**Current Mailing Address:**

PO BOX 563  
SEBRING, FL 338710563

**New Mailing Address:**

**FEI Number:** 27-0667925      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CULLENS, CHARLES S  
9235 COUNTY RD. 635  
SEBRING, FL 33875      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: MGR  
Name: TUCK, RICHARD A  
Address: 1611 SANDWEDGE CT.  
City-St-Zip: SEBRING, FL 33872

Title: MGR  
Name: MANN, TIMOTHY L  
Address: 1043 GARLAND AVE.  
City-St-Zip: SEBRING, FL 33875

Title: MGR  
Name: CULLENS, CHARLES S  
Address: 9235 COUNTY ROAD 635  
City-St-Zip: SEBRING, FL 33875

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: CHARLES S CULLENS      MGR      03/10/2011

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