

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000014926

Entity Name: AGROMAD, LLC

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

239 MACON DRIVE  
TITUSVILLE, FL 327809104

## **New Principal Place of Business:**

4721 WALDEN CIR  
#122  
ORLANDO, FL 32811

## **Current Mailing Address:**

P.O. BOX 620473  
ORLANDO, FL 32862

## **New Mailing Address:**

4721 WALDEN CIR  
#122  
ORLANDO, FL 32811

FEI Number: 27-1759531

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, EDOUARD N  
239 MACON DRIVE  
TITUSVILLE, FL 327809104 US

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

SIMON, EDOUARD N  
4721 WALDEN CIR  
ORLANDO, FL 32811 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: EDOUARD. N. SIMON

10/01/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SIMON, EDOUARD N  
Address: 4721 WALDEN CIR # 122  
City-St-Zip: ORLANDO, FL 32811

Title: MGR  
Name: NOEL, DAVID  
Address: 6544 LONG BREEZE ROAD  
City-St-Zip: ORLANDO, FL 32810

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: EDOUARD N. SIMON

MGR

10/01/2012

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