

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000964

1. Entity Name

ALL AGRO AMERICAN, LLC

Principal Place of Business

1101 SEAFARER CIRCLE, #505
JUPITER FL 33477

Mailing Address

1101 SEAFARER CIRCLE, #505
JUPITER FL 33477-9010

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, DON R

2875 SOUTH OCEAN BLVD., SUITE 200-33
PALM BEACH FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GODDE, WALTER M
STREET ADDRESS 1101 SEAFARER CIRCLE, #505
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition
NAME 900003224039-8
STREET ADDRESS -04/26/00-01009-005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME BOYD, REX N
STREET ADDRESS 1100 BEACON PARKWAY EAST, V-103
CITY-ST-ZIP BIRMINGHAM AL 35209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BOSWELL, DON R
STREET ADDRESS 2875 SOUTH OCEAN BLVD., SUITE 200-33
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MAGNO, RAYMOND G TRUSTEE
STREET ADDRESS 1799 S.W. SPRINGFIELD COURT
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/5/2000

Date

561-694-8008

Daytime Phone #

CR2E083 (9/99)