

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000543

Entity Name: AGRILIANCE LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5500 CENEX DRIVE  
INVER GROVE HEIGHTS, MN 55077

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 64101  
LAW DEPARTMENT MS 2500  
ST. PAUL, MN 551640101

**New Mailing Address:**

FEI Number: 41-1961003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: FIFE, JIM  
Address: 4001 N. LEXINGTON AVENUE  
City-St-Zip: ARDEN HILLS, MN 55126

Title: MGR  
Name: PALMQUIST, MARK  
Address: 5500 CENEX DRIVE  
City-St-Zip: INVER GROVE HEIGHTS, MN 55077

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: JIM FIFE      MGR      04/18/2011

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