

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000266

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** AGRIMOND, L.L.C.

**Current Principal Place of Business:**

525 GUS HIPP BLVD.  
SUITE D  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

525 GUS HIPP BLVD.  
SUITE D  
ROCKLEDGE, FL 32955

**New Mailing Address:**

PO BOX 691357  
ORLANDO, FL 32869 US

**FEI Number:** 59-3541912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: AGRIMOND, LLC  
Address: 525 GUS HIPP BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

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: CHRISTINE TOSCAS

VP

02/03/2010

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