

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000019949

**Entity Name:** AGRICULTURAL RISK MANAGEMENT, LLC

**Current Principal Place of Business:**

9160 FORUM CORP. PKWY.  
SUITE 350  
FORT MYERS, FL 33905

**Current Mailing Address:**

9160 FORUM CORP. PKWY.  
SUITE 350  
FORT MYERS, FL 33905 US

**FEI Number:** 03-0479190

**Certificate of Status Desired:** Yes

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

TROYER, AARON D  
2200 TROYERS LANE  
ALVA, FL 33920 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR, S, T  
Name TROYER, AARON D  
Address 2200 TROYERS LANE  
City-State-Zip: ALVA FL 33920

Title AS  
Name BUDD, DAVID G  
Address 5551 RIDGEWOOD DR STE 501  
City-State-Zip: NAPLES FL 34103

Title MGR  
Name TROYER, TREVOR  
Address 9160 FORUM CORP. PKWY.  
SUITE 350  
City-State-Zip: FORT MYERS FL 33905

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID G BUDD

AS

04/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date