

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073101

**Entity Name:** AG WORKS, LLC

**Current Principal Place of Business:**

3074 SOUTH DELAWARE  
ST CLOUD, FL 34769

**Current Mailing Address:**

PO BOX 700715  
ST CLOUD, FL 34770 US

**FEI Number:** 20-3207141

**Certificate of Status Desired:** No

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

GLASSCOCK, SCOTT  
3074 SOUTH DELAWARE  
ST CLOUD, FL 34769 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 MGRM  
Name GLASSCOCK, SCOTT  
Address PO BOX 700715  
City-State-Zip: ST CLOUD FL 34770

*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:** SCOTT GLASSCOCK

MGRM

01/12/2023

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

\_\_\_\_\_ Date