

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000073101

**Entity Name:** AG WORKS, LLC

**Current Principal Place of Business:**

401 CLAY DR.  
ST CLOUD, FL 34769

**Current Mailing Address:**

401 CLAY DR.  
ST CLOUD, FL 34769

**FEI Number:** 20-3207141

**Certificate of Status Desired:** No

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

GLASSCOCK, SCOTT  
401 CLAY DR.  
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 401 CLAY DR.  
City-State-Zip: ST CLOUD FL 34769

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT GLASSCOCK

**OWNER**

**03/26/2013**

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

\_\_\_\_\_  
Date