

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000106442

Entity Name: CITRUS EXTRACTS, LLC**Current Principal Place of Business:**3495 SOUTH U.S. HWY.1, BLDG.12-E
FT.PIERCE, FL 34982**Current Mailing Address:**P.O. BOX 394
JOHNSTON, IA 50131-0394**FEI Number:** 47-4242702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name DARLING, JONATHAN
Address 5800 MERLE HAY ROAD, SUITE 14
City-State-Zip: JOHNSTON IA 50131

Title MGR
Name DARLING, SCOTT
Address 5800 MERLE HAY ROAD, SUITE 14
City-State-Zip: JOHNSTON IA 50131

Title MGR
Name KOCH, AL
Address 5800 MERLE HAY ROAD, SUITE 14
City-State-Zip: JOHNSTON IA 50131

Title MGR
Name HENNING, JEFF
Address 5800 MERLE HAY ROAD, SUITE 14
City-State-Zip: JOHNSTON IA 50131

Title P
Name HOWE, WILLIAM
Address 3495 SOUTH U.S. HWY.1, BLDG.12-E
City-State-Zip: FT.PIERCE FL 34982

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: JEFFRY HENNING**MANAGER****02/22/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date