

2017 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

MGR

02/28/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date