

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000265226

**Entity Name:** AG-PRO OHIO, LLC

**Current Principal Place of Business:**

19595 US HWY 84 E  
BOSTON, GA 31626

**Current Mailing Address:**

19595 US HWY 84 E  
BOSTON, GA 31626 US

**FEI Number: 83-2574758**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MANAGER	Title	MANAGER
Name	GROOVER, JAMES MOODY JR.	Name	CARLTON, MATTHEW
Address	1547 HWY 33	Address	19595 US HWY 84
City-State-Zip:	BOSTON GA 31616	City-State-Zip:	BOSTON GA 31616
Title	MANAGER	Title	MANAGER
Name	GONZALEZ, JOSUE	Name	COOPER , KYLE
Address	19595 US HWY 84 E	Address	19595 US HWY 84 E
City-State-Zip:	BOSTON GA 31626	City-State-Zip:	BOSTON GA 31626
Title	MANAGER	Title	MANAGER
Name	MOONEY , RICHARD	Name	STONE , STEVEN
Address	19595 US HWY 84	Address	19595 US HWY 84 E
City-State-Zip:	BOSTON GA 31616	City-State-Zip:	BOSTON GA 31626
Title	MANAGER		
Name	HIERS , TIMOTHY		
Address	19595 US HWY 84		
City-State-Zip:	BOSTON GA 31616		

*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: MATTHEW CARLTON**

**MANAGER**

**04/21/2022**

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

\_\_\_\_\_  
Date