

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002629

**Entity Name:** DARLING NATIONAL LLC

**Current Principal Place of Business:**

251 O'CONNOR RIDGE BLVD., SUITE 300  
IRVING, TX 75038

**Current Mailing Address:**

251 O'CONNOR RIDGE BLVD., SUITE 300  
IRVING, TX 75038

**FEI Number:** 16-1744509

**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            PRES  
Name            STUEWE, RANDALL  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

Title            TRES  
Name            PHILLIPS, BRAD  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

Title            SECT  
Name            STERLING, JOHN  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

Title            VP  
Name            MUSE, JOHN  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

Title            MGRM  
Name            STEVENS, LYLE  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

Title            VP  
Name            RATH, MICHAEL  
Address        251 O'CONNOR RIDGE BLVD., SUITE  
                  300  
City-State-Zip: IRVING TX 75038

*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:** LYLE STEVENS

**ASSISTANT SECRETARY**    04/24/2017

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

\_\_\_\_\_  
Date