

2019 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, CEO	Title	TREASURER, CFO
Name	STUEWE, RANDALL	Name	PHILLIPS, BRAD
Address	251 O'CONNOR RIDGE BLVD., SUITE 300	Address	251 O'CONNOR RIDGE BLVD., SUITE 300
City-State-Zip:	IRVING TX 75038	City-State-Zip:	IRVING TX 75038
Title	SECT	Title	VP
Name	STERLING, JOHN	Name	MUSE, JOHN
Address	251 O'CONNOR RIDGE BLVD., SUITE 300	Address	251 O'CONNOR RIDGE BLVD., SUITE 300
City-State-Zip:	IRVING TX 75038	City-State-Zip:	IRVING TX 75038
Title	MGRM, ASST. SECRETARY	Title	VP
Name	STEVENS, LYLE	Name	RATH, MICHAEL
Address	251 O'CONNOR RIDGE BLVD., SUITE 300	Address	251 O'CONNOR RIDGE BLVD., SUITE 300
City-State-Zip:	IRVING TX 75038	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

**ASST. SECRETARY/CHIEF 04/18/2019
TAX OFFICER**

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date