

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006328

Entity Name: FYFFES TROPICAL PRODUCE LLC**Current Principal Place of Business:**999 PONCE DE LEON BLVD,
SUITE 900
CORAL GABLES, FL 33134**Current Mailing Address:**999 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134 US**FEI Number:** 56-2344125**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALSH, ENDA MR.
999 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134 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	WALSH, ENDA
Address	999 PONCE DE LEON BLVD SUITE 900
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	MURPHY, THOMAS
Address	999 PONCE DE LEON BLVD SUITE 900
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	BOS, COENRAD
Address	999 PONCE DE LEON BLVD SUIITE 900
City-State-Zip:	CORAL GABLES FL 33134

Title	MR
Name	O'CLEIRIGH, MARGARET
Address	999 PONCE DE LEON BLVD 900
City-State-Zip:	CORAL GABLES FL 33134

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: ENDA WALSH**PRESIDENT****04/28/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date