

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106468

Entity Name: BUNGE LATIN AMERICA, LLC**Current Principal Place of Business:**2655 S. LEJEUNE ROAD
MIAMI, FL 33134**Current Mailing Address:**2655 S. LEJEUNE ROAD
MIAMI, FL 33134 US**FEI Number:** 20-5846120**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	VPD
Name	GALMES, ALAN
Address	2655 LE JEUNE ROAD, SUITE 610
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	DAVIS, MATTHEW S
Address	11720 BORMAN DR.
City-State-Zip:	SAINT LOUIS MO 63146

Title	SECRETARY
Name	KUTILEK, LORI
Address	11720 BORMAN DR
City-State-Zip:	ST LOUIS MO 63146

Title	AC
Name	THEBEAU, GREGORY L
Address	11720 BORMAN DRIVE
City-State-Zip:	ST. LOUIS MO 63146

Title	CONTROLLER
Name	SABOURIN, JOHN E
Address	11720 BORMAN DRIVE
City-State-Zip:	ST. LOUIS MO 63146

Title	DIRECTOR/PRESIDENT
Name	CANDIA, FERNANDO
Address	2655 S. LEJEUNE ROAD
City-State-Zip:	MIAMI 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: MATTHEW S DAVIS**TREASURER****04/03/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date