

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000106468

**FILED**  
**Aug 05, 2015**  
**Secretary of State**  
**CC1065985623**

**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 SERIVCE 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 PD  
Name DUJARDIN, WILLIAM  
Address 2655 LE JEUNE ROAD, SUITE 610  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name GALMES, ALAN  
Address 2655 LE JEUNE ROAD, SUITE 610  
City-State-Zip: CORAL GABLES FL 33134

Title T  
Name ELLIOTT, AARON  
Address 11720 BORMAN DR.  
City-State-Zip: SAINT LOUIS MO 63146

Title S  
Name FRONTCZAK, MARY L  
Address 2655 S. LEJEUNE ROAD  
City-State-Zip: MIAMI FL 33134

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

*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:** GREGORY L. THEBEAU

**ASSISTANT  
CONTROLLER**

**08/05/2015**

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

\_\_\_\_\_  
Date