

**2018 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 1391 TIMBERLAKE MANOR PKWY  
City-State-Zip: CHESTERFIELD MO 63017

Title ASSISTANT SECRETARY  
Name KUTILEK, LORI  
Address 1391 TIMBERLAKE MANOR PKWY  
City-State-Zip: CHESTERFIELD MO 63017

Title CONTROLLER  
Name SABOURIN, JOHN E  
Address 1391 TIMBERLAKE MANOR PKWY  
City-State-Zip: CHESTERFIELD MO 63017

Title DIRECTOR/PRESIDENT  
Name HORCASITAS, RAFAEL  
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**

**03/28/2018**

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

\_\_\_\_\_  
Date