

2024 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:**1391 TIMBERLAKE MANOR PKWY
CHESTERFIELD, MO 63017-6058 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 PRESIDENT, DIRECTOR
Name HORCASITAS, RAFAEL
Address 2655 LE JEUNE ROAD, SUITE 610
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name JOHNSON, RANDALL
Address 1391 TIMBERLAKE MANOR PKWY
City-State-Zip: CHESTERFIELD MO 63017-6058

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

Title CONTROLLER
Name KUEHN, RYAN
Address 2655 S. LEJEUNE ROAD
City-State-Zip: MIAMI FL 33134

Title ASSISTANT CONTROLLER
Name BELCASTRO, PETER
Address 1391 TIMBERLAKE MANOR PKWY
City-State-Zip: CHESTERFIELD MO 63017-6058

Title ASSISTANT CONTROLLER
Name DE VRIES, MARTJE
Address ROUTE DE FLORISSANT 13
City-State-Zip: GENEVE GENEVA 1206

Title SECRETARY
Name MCMASTER, MEGHAN C
Address 1391 TIMBERLAKE MANOR PKWY
City-State-Zip: CHESTERFIELD MO 63017

Title DIRECTOR
Name FERNANDEZ, ALEJANDRO
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: MEGHAN C. MCMASTER**SECRETARY****04/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date