

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000161422

Entity Name: SALIX FRUITS LLC**Current Principal Place of Business:**1070 BRIDGE MILL AVE
CANTON, GA 30114**Current Mailing Address:**1070 BRIDGE MILL AVE.
CANTON, GA 30114**FEI Number:** 46-1700661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELORTONDO, LUIS
1575 PAUL RUSSELL ROAD
APT # 2405
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:** LUIS ELORTONDO

05/08/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ELORTONDO, LUIS	Name	GONZALEZ, JUAN M
Address	1070 BRIDGE MILL AVE	Address	25 DE MAYO 1747
City-State-Zip:	CANTON GA 30114	City-State-Zip:	VICENTE LOPEZ BUENOS AIRES 1638
Title	MGRM	Title	MGRM
Name	MORALEJO, ALEJANDRO	Name	CALVO , DANIEL
Address	BILLINGHURST 2524 1RO	Address	ITUZAINGÓ 1358
City-State-Zip:	BUENOS AIRES ARGENTINA C1425DTZ	City-State-Zip:	YERBA BUENA TUCMAN 4107
Title	MBR	Title	MBR
Name	MARTINEZ, DIEGO	Name	GONZALEZ, JUAN M
Address	BURNHAM DRIVE 54 1	Address	RUA DO GRAMAL 113 5
City-State-Zip:	UMHLANGA DURBAN 4319	City-State-Zip:	CAMPECHE SANTA CATARINA 88063-080
Title	MBR	Title	MBR
Name	GILLER, VICTORIA	Name	ELORTONDO, JUANA
Address	SANTA CATALINA 6231 67	Address	N SHERIDAN RD 2850 501
City-State-Zip:	SAN FERNANDO BUENOS AIRES	City-State-Zip:	CHICAGO IL 60657

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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: GONZALEZ , JUAN M

MBR

05/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MBR
Name VIDALES, IGNACIO
Address LIBERTADOR 3042
4A
City-State-Zip: OLIVOS BUENOS AIRES 1636

Title MBR
Name LABOUGLE, JUAQUIN
Address AV DEL LIBERTADOR 602
2DO
City-State-Zip: BUENOS AIRES CABA C1001ABT

Title MBR
Name GARCIA, RAFAEL
Address SAAVEDRA 979
City-State-Zip: VENADO TUERTO SANTA FE 2600