

2021 FLORIDA LIMITED LIABILITY COMPANY 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:**MB7 CORPORATE SERVICES LLC
777 BRICKELL AVE
1210
MIAMI, FL 33131 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:** MARCELA BOTTINELLI

04/05/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ELORTONDO, LUIS
Address 1070 BRIDGE MILL AVE
City-State-Zip: CANTON GA 30114

Title MGRM
Name GONZALEZ, JUAN M
Address 25 DE MAYO 1747
City-State-Zip: VICENTE LOPEZ BUENOS AIRES
1638

Title MGRM
Name MORALEJO, ALEJANDRO
Address BILLINGHURST 2524
1RO
City-State-Zip: BUENOS AIRES ARGENTINA
C1425DTZ

Title MGRM
Name CALVO, DANIEL
Address ITUZAINGÓ 1358
City-State-Zip: YERBA BUENA TUCMAN 4107

Title MBR
Name MARTINEZ, DIEGO
Address BURNHAM DRIVE 54
1
City-State-Zip: UMHLANGA DURBAN 4319

Title MBR
Name GONZALEZ, JUAN M
Address RUA DO GRAMAL 113
5
City-State-Zip: CAMPECHE SANTA CATARINA 88063-
080

Title MBR
Name GILLER, VICTORIA
Address SANTA CATALINA 6231
67
City-State-Zip: SAN FERNANDO BUENOS AIRES

Title MBR
Name ELORTONDO, JUANA
Address N SHERIDAN RD 2850
501
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: LABOUGLE, JUAQUIN

MBR

04/05/2021

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