

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161422

**Entity Name:** SALIX FRUITS LLC

**Current Principal Place of Business:**

777 BRICKELL AVE  
STE 1210  
MIAMI, FL 33131

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**3849967866CC**

**Current Mailing Address:**

777 BRICKELL AVE  
STE 1210  
MIAMI, FL 33131 US

**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

03/29/2022

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 ITUZAINGO 1358  
City-State-Zip: YERBA BUENA 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

**Continues on page 2**

*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

03/29/2022

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

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