

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000175124

**Entity Name:** TELLUS PRODUCTS, LLC

**Current Principal Place of Business:**

37021 GATOR BLVD.  
BELLE GLADE, FL 33430

**FILED**  
**May 18, 2018**  
**Secretary of State**  
**CC2141549849**

**Current Mailing Address:**

37021 GATOR BLVD.  
BELLE GLADE, FL 33430 US

**FEI Number: 47-2324075**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE STE 1100  
WEST PALM BEACH, FL 33401 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 VP  
Name ALVAREZ, JOSE F.  
Address 1500 WEST SUGARHOUSE ROAD  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name CEPERO, GUSTAVO R.  
Address 1 N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT, ASST. SECRETARY  
Name HOFFMAN, MATTHEW  
Address 1500 WEST SUGARHOUSE ROAD  
City-State-Zip: BELLE GLADE FL 33430

Title VICE PRESIDENT & SECRETARY  
Name TABERNILLA, ARMANDO A  
Address 1 N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED MEMBER  
Name TELLUS HOLDINGS, LLC  
Address 1 N. CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401

*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: ARMANDO A. TABERNILLA**

**VICE PRESIDENT**

**05/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date