## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000175124

Entity Name: TELLUS PRODUCTS, LLC

**Current Principal Place of Business:** 

1500 WEST SUGARHOUSE ROAD BELLE GLADE, FL 33430

**Current Mailing Address:** 

**PO BOX 666** 

BELLE GLADE, FL 33430

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

**FILED** Apr 25, 2017

**Secretary of State** 

CC2104318481

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

ALVAREZ, JOSE F BLOMQVIST, ERIK J Name Name

1500 WEST SUGARHOUSE ROAD Address Address 1 N. CLEMATIS STREET

SUITE 200

CONTRERAS, ANTONIO L JR.

BELLE GLADE FL 33430 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER

Address

Title MANAGER CEPERO, GUSTAVO R. Name

Address 1 N. CLEMATIS STREET 1500 WEST SUGARHOUSE ROAD Address

Name

SUITE 200

City-State-Zip: BELLE GLADE FL 33430 WEST PALM BEACH FL 33401 City-State-Zip:

Title **MANAGER** Title **MANAGER** 

Name HOFFMAN, MATTHEW FERNANDEZ, LUIS J. Name

Address 1500 WEST SUGARHOUSE ROAD 1 N. CLEMATIS STREET Address

SUITE 200

City-State-Zip: BELLE GLADE FL 33430 WEST PALM BEACH FL 33401 City-State-Zip:

Title MANAGER Title MANAGER

Name TABERNILLA, ARMANDO A Name

HUNDLEY, JOHN Address 1 N. CLEMATIS STREET 1500 WEST SUGARHOUSE ROAD

SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip: City-State-Zip: BELLE GLADE FL 33430

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.

04/25/2017 SIGNATURE: ARMANDO A. TABERNILLA MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date