## 2018 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:

Name

Electronic Signature of Registered Agent Date

FILED Apr 20, 2018

Secretary of State

CC4419524274

Date

Authorized Person(s) Detail:

Title MANAGER, VP Title MANAGER

Name ALVAREZ, JOSE F. Name BLOMQVIST, ERIK J.

Address 1500 WEST SUGARHOUSE ROAD Address 1 N. CLEMATIS STREET

SUITE 200

Title

MANAGER

City-State-Zip: BELLE GLADE FL 33430

City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER, VP

Name CEPERO, GUSTAVO R.

Name CONTRERAS, ANTONIO L JR.

Address 1 N. CLEMATIS STREET
SUITE 200 Address 1500 WEST SUGARHOUSE ROAD

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

Title MANAGER Title MANAGER, PRESIDENT & ASSISTANT

Name FERNANDEZ, LUIS J.

Address 1 N. CLEMATIS STREET

Name HOFFMAN, MATTHEW

SUITE 200 Address 1500 WEST SUGARHOUSE ROAD

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

Title MANAGER Title MANAGER, VICE PRESIDENT &

HUNDLEY, JOHN SECRETARY

Address 1500 WEST SUGARHOUSE ROAD Name TABERNILLA, ARMANDO A

Address 1 N. CLEMATIS STREET

City-State-Zip: BELLE GLADE FL 33430 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 04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail