

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151030

Entity Name: FOOD FRONTIER LLC**Current Principal Place of Business:**100 SE SECOND STREET
ATTN: ROBERT B. MACAULAY SUITE 4200
MIAMI, FL 33131**Current Mailing Address:**100 SE SECOND STREET
ATTN: ROBERT B. MACAULAY SUITE 4200
MIAMI, FL 33131 US**FEI Number:** 61-1770427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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	MGR, PRESIDENT
Name	PEREZ GILLEN, ALBERTO
Address	100 SE SECOND STREET ATTN: ROBERT B. MACAULAY SUITE 4200
City-State-Zip:	MIAMI FL 33131

Title	MGR, TREASURER
Name	PEREZ GILLEN, JUAN IGNACIO
Address	100 SE SECOND STREET ATTN: ROBERT B. MACAULAY SUITE 4200
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	PEREZ GILLEN, MARICARMEN
Address	100 SE SECOND STREET ATTN: ROBERT B. MACAULAY SUITE 4200
City-State-Zip:	MIAMI FL 33131

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: ALBERTO PEREZ GILLEN

MANAGER

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date