


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90064 008 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L00000007620</b><br>1. Entity Name<br><b>TERRA FOODS LLC</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>954 NORMANDY DRIVE<br/>MIAMI BEACH, FL 33141</b> | Mailing Address<br><b>954 NORMANDY DRIVE<br/>MIAMI BEACH, FL 33141</b> |
|--|--|



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1021285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BERTONI, JULIO  
954 NORMANDY DR.  
MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**04-07-08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>EMEDE, HECTOR<br/>954 NORMANDY DR.<br/>MIAMI BEACH, FL 33141</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>STINFALL, VICTOR<br/>1775 BIARTEZ DR.<br/>MIAMI BEACH, FL 33141</b> <b>DELETE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>BERTONI, JULIO<br/>10295 COLLINS AVE., APT. 1511<br/>MIAMI, FL 33154</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04-07-08**