FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90044 003 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30052148

DOCUMENT # L00000011404

1. Entity Name
FARMS TO GO, L.L.C.

Principal Place of Business	Mailing Address
2928 NW 72 AVE MIAMI, FL 33122	2928 NW 72 AVE MIAMI, FL 33122

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7901 NW 21 STREET	7901 NW 21 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33122 Country: USA	Zip: 33122 Country: USA

4. FEI Number: 65-1045741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUERTAS, SAMUEL 2928 NW 72 AVE MIAMI, FL 33122	Name: HUERTAS, SAMUEL Street Address (P.O. Box Number is Not Acceptable): 7901 NW 21 STREET City: MIAMI FL Zip Code: 33122

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 _____ 04/04/2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when adding, etc.) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM INVERSIONES PESCEVINO DE COLIMBIA S.A. CARRERA 23, NO. 7528 BOGOTA COLUMBIA, ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUERTAS & HUERTAS ASOC. LIMITADA, LC 7901 NW 21 STREET MIAMI, FL 33122 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUERTAS, SAMUEL O MANAGER 7901 NW 21 STREET MIAMI, FL 33122 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SAMUEL HUERTAS 04/04/2003 305-4069485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #