## **2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  OL MENT # LO0000011907  1. Editing valence AGRICOLA MARNELL FLOWERS GROWERS, LLC.  OL MAR - 5 PM 3: 10  SCORTARY OF STATE TALLAHASSEL, FLORIDA  SCORTARY OF STA					<del></del>	<b>¬</b>	בוו כח -				
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ROCHA, MARTIN C 2828 NV. 72ND AVENUE  MANA FL 33122  2. Principal Page of Business  2. Solite, Apt. # -oid.  City & State  City						SEC	RETARY OF STAT	E			
MAME FL 33122  Applied For State  City & Sta	Principal Place	e of Business	Mailing Address			TALL	AHASSEE. FLOR	IUA		•	
2. Principal Pace of Business											
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City & State  City & State  City & State  City & State  Country  Sp. C							منعن بندار المعادية	<u> </u>			
Zip Country Zip Country 5. Certificate of Status Desired St. S. Do Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent and this if applicable.  With Registered Agent or registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent and this if applicable.  With Registered Agent or registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature speed or prim	Suite, Apt. #, etc.					·	DO NOT WRITE IN	THIS SPACE		•	_
Signature speed or protect name of registered agent and time if applicable.    Signature	City & State City & State				4. FEI Number 8424						-
6. Name and Address of Current Registered Agent  ROCHA, MARTIN C 2928 N.W. 72ND AVENUE MIAMI FL 33122  City FL Zip Code  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.  SIGNATURE  Signature, types or primer raise or registered agent and title if appricable.  PILE NOW!!! FEE IS-\$50.00  Make Check Payable to Department of State  ROCHA, MARTIN C  SIRET ADDRESS  OITY-ST-2P  MITE  MGRM ROCHA, MARTIN C  2228 N.W. 72ND AVENUE  MITE  MGRM BELTRAN, LUZ M 715 CRANDON BOULEVARD APARTMENT 505  RIFE ADDRESS  CITY-ST-2P  MARE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  MARE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  SIRET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  SIRET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  SIRET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  SIRET ADDRESS  CITY-ST-2P  CITY	Zip Country		Zip Cour		ntry						1
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Signature Typed or printed nume of registered agent and title if application.  (NOTE Registered Agent agentum required when intrinsform and interest agents of the purpose of changing its registered agent, or both, in the State of Florida.  Signature Typed or printed nume of registered agent and title if application.  (NOTE Registered Agent agentum required when intrinsform)  Make Check Payable to Department of State  ADDITIONS/CHANGES  MARCH Delde IIILE  MARCH ADDITIONS/CHANGES  OTH-ST-2P  MIAMI FL 33122  CITY-ST-2P  TILE  MARCH BEITRAN, LUZ M  GRIN  GRI		6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New Regist		чинос		1
##### # # # # # # # # # # # # # # # #	POOLIA MADTINI C				Name						
B. 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  Signature, typed or sented name of impassed agent and title if applicable.  (NOTE Registered Agent signature required when infinitionly)  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  ITILE  MGRM ROCHA, MARTIN C  SIRRET ADDRESS CITY-ST-2P  MIAMI FL 33122  CITY-ST-2P  MIAMI FL 33122  MIRE MIAMI FL 33122  MIRE MIAMI FL 33122  MIRE MIAMI FL 33149  Deete  TITLE  MGRN SIRRET ADDRESS CITY-ST-2P  MIAMI FL 33149  Deete  TITLE  MARE SIRRET ADDRESS CITY-ST-2P  MIAMI FL 33149  Deete  TITLE  MARE SIRRET ADDRESS CITY-ST-2P  MIAMI FL 33149  Deete  TITLE  MARE SIRRET ADDRESS CITY-ST-2P  CITY	•			Street Address (P.O. Box Number is Not Acceptable					;		
B. 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    Signature   Signat	MIAMI FL 33122										
SIGNATURE  Signation typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when intenting)  FILE NOW!!! FEE IS.\$50.00  Make Check Payable to Department of State  #####5500 *#### 5500  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE  ROCHA, MARTIN C  2928 N.W. 72ND AVENUE  STREET ADDRESS  CITY-ST-2P  MIAMI FI 33122  CITY-ST-2P  MIAMI FI 33122  CITY-ST-2P  TITLE  MARTIN C  10 ADDITIONS/CHANGES  CITY-ST-2P  MIAMI FI 33122  CITY-ST-2P  TITLE  MARTIN C  10 Change   Addition  MARTIN C  10 Change   Addition  MARTIN C  10 Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  Change   Addition  AMME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2P  Change   Addition  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-2P  CHANGE  ADDITIONS CHANGES  CITY-ST-2P  CITY-ST-					City			FL Zip	Code	=	
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FILE NOW!!! FEE IS-\$50.00	SIGNATURE .	Signature, bined or printed name of registered appe	t and title if applicable (NOT	F: Parietora	od Agent slogeture requi	red when reinstation)		DATE			
Make Check Payable to Department of State  *****500  ******  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  ITILE  MARK  ROCHA, MARTIN C 2928 N.W. 72ND AVENUE  OTTY-ST-2IP  TITLE  MARK  BELTRAN, LUZ M 715 CRANDON BOULEVARD APARTMENT 505  KEY BISCAYNE FL 33149  TITLE  MAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  NAME		Signature, typed or printed name or registered agen		· · · · · · · · · · · · · · · · · · ·			<del>100005</del> 8	8874			1
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11. I hereby certify that the information supplied with this filling 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 the improvement of the limited liability company or the receive or trustee employered to execute this report as required by Chapter 608, Florida Statutes.	indicated	on this report is true and accurate an	d that my signature shall have	the sam	e legal effect as i	f made under oa	ath; that I am a managing r	ner certify that nember or ma	the infanager	ormation of the	