FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90059 037 ****50.00

930108

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000011907

1. Entity Name

AGRICOLA MARNEZL FLOWERS GROWERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6405 NW 36 STREET	
Suite, Apt. #, etc. SUITE 221	Suite, Apt. #, etc. SAME
City & State MIAMI, FL	City & State
Zip 33166 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048424 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARTIN ROCHA

Street Address (P.O. Box Number is Not Acceptable) 715 CRANDON BLVD

APT. 505

City KEY BISCAYNE FL Zip Code 33149

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] 2/12/02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER	TITLE	
NAME	MARTIN ROCHA	NAME	
STREET ADDRESS	715 CRANDON BLVD #505	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE ~~FL~~, 33149	CITY-ST-ZIP	
TITLE	MANAGING MEMBER	TITLE	
NAME	LUZMARY BELTRAN	NAME	
STREET ADDRESS	715 CRANDON BLVD, #505	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, 33149.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: [signature] MARTIN ROCHA MANAGING MEMBER 2/12/02 (305) 874-5090.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #