

**\* AMENDED \***  
**LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

07-02-2002 90817 004 35:00  
L00000015341

**FILED**

2002 AUG 27 AM 10:37

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
96966

DOCUMENT # L000000 15341

1. Entity Name

Flores Boys Harvesting, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 SR 29 N

3. Mailing Address

PO Box 2727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Felda FL

City & State

Labelle FL

4. FEI Number

65-104210

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33975

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Juan Gonzales Flores

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

401 SR 29 N

City

Felda

FL

Zip Code

33920

**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.

SIGNATURE

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

President / Director

NAME

Juan Gonzales Flores

STREET ADDRESS

401 SR 29 N

CITY-ST-ZIP

Felda, FL 33920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Secretary / Treasurer / Director

NAME

Juan Pablo Flores

STREET ADDRESS

401 SR 29 N

CITY-ST-ZIP

Felda, FL 33920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Director

NAME

Jose Flores

STREET ADDRESS

401 SR 29 N

CITY-ST-ZIP

Felda, FL 33920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Director

NAME

Refugio Flores

STREET ADDRESS

401 SR 29 N

CITY-ST-ZIP

Felda, FL 33920

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

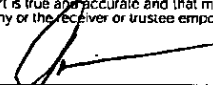
STREET ADDRESS

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 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:

 Juan Pablo Flores

Date

6/24/02 863-675-9355

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

Daytime Phone #

CR2003B (12/01)