LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90126 012 ****50.00

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DOCUMENT # L01000011963

1. Entity Name

FRUTROPIC, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE SE 15 ROAD	SAME
Suite. Apt. #. etc. SUITE 100	Suite. Apt. #. etc.
City & State MIAMI, FL	City & State
Zip 33131 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1131730 ☐ 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: GABRIEL S. DIAZ-SARMIENTO

Street Address (P.O. Box Number is Not Acceptable): 1985 NW 88 COURT
SUITE 201

City: MIAMI **FL** Zip Code: 33172

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: _____ GABRIEL S. DIAZ-SARMIENTO 4/23/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JUAN PABLO LOPEZ ONE SE 15 ROAD, SUITE 100 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DANIELA GARCES ONE SE 15 ROAD, SUITE 100 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE FRESCURA LTDA. ONE SE 15 ROAD, SUITE 100 MIAMI, FL 33131
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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: _____ DANIELA GARCES MANAGING MEMBER 4/23/02 (305) 579-5477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #