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: ONE SE 15 ROAD
Suite, Apt. #, etc.: SUITE 100
City & State: MIAMI, FL
Zip: 33131 Country:

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
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

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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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
MGRM JUAN PABLO LOPEZ ONE SE 15 ROAD, SUITE 100 MIAMI, FL 33131	
MGRM DANIELA GARCES ONE SE 15 ROAD, SUITE 100 MIAMI, FL 33131	
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 #