### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L01000016587**

1. Entity Name AGROINDUSTRIES FLORIS, LLC



FILED Feb 03, 2005 08:00 AM Secretary of State

Principat	Place	٥f	Busi	nes	ŝ

2400 SW 65TH AVE. MIAMI, FL 33155 Mailing Address

2400 SW 65TH AVE. Miámi, Fl. 33155



### DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1140589 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHETZ, PAOLA 221 MAJORCA AVE #306 CORAL GABLES, FL 33134

# 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.	I am familiar with, and accept
	the obligations of registered agent	

SIGNATURE.

Signature, typed or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZONIA ERNESTINA EMMANUEL DE ARIAS 2400 SW 65TH AVE. MIAMI, FL 33155			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALDOS ENMANUEL, GABRIEL 2400 SW 65TH AVE. MIAMI, FL 33155			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGR SANCHEZ, PAOLA 221 MAJORGA AVE #306 CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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## 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)(f), 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 flability company or the receiver or trustee empowered to execute this soon as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

NAME OF SIGNING MORNOUNG MEMBER

MANAGET

01/17/05

786-268090