

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90167 045 ****50.00

DOCUMENT # L01000016587

1. Entity Name
AGROINDUSTRIES FLORIS, LLC



Principal Place of Business
2400 SW 65TH AVE.
MIAMI, FL 33155

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

20007130



2. Principal Place of Business

221 MAJORCA AVE

3. Mailing Address

221 MAJORCA AVE

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

01212006

Chg-LLC

CR2E083 (11/05)

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-1140589

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ZONIA ERNESTINA EMMANUEL DE ARIAS
STREET ADDRESS 2400 SW 65TH AVE.
CITY-ST-ZIP MIAMI, FL 33155

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GALDOS ENMANUEL, GABRIEL
STREET ADDRESS 2400 SW 65TH AVE.
CITY-ST-ZIP MIAMI, FL 33155

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SANCHEZ, PAOLA
STREET ADDRESS 221 MAJORCA AVE #306
CITY-ST-ZIP CORAL GABLES, FL 33134

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MGR
PAOLA SANCHEZ 1/21/06 (305) 984-7445