

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 046 ****50.00

DOCUMENT # L01000016587

1. Entity Name

AGROINDUSTRIES FLORIS, LLC



Principal Place of Business

Mailing Address

~~221 MAJORCA AVE., STE. 407~~
~~CORAL GABLES FL 33134~~
~~2400 SW 65TH AVE~~
~~MIAMI - FL. 33155~~

~~221 MAJORCA AVE., STE. 407~~
~~CORAL GABLES FL 33134~~
~~2400 SW 65TH AVE~~
~~MIAMI - FL. 33155~~

2. Principal Place of Business

3. Mailing Address

2400 SW 65TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI - FL.

Zip

Country

Zip

Country

33155

USA

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

7. Name and Address of New Registered Agent

~~PIEDRA, AURELIO A~~ **ZONIA E. EMMANUEL DE ARIAS**
~~780 NW LE JEUNE RD #510~~ **2400 SW 65TH AVE**
~~MIAMI FL 33156~~ **MIAMI - FL. 33155**

Name **ZONIA ERNESTINA EMMANUEL DE ARIAS**

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

2400 SW 65TH AVE

City

MIAMI

FL

Zip Code

33155

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

1/20/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ZONIA ERNESTINA EMMANUEL DE ARIAS**
STREET ADDRESS **221 MAJORCA AVE., STE. 407 2400 SW 65TH AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134 MIAMI - FL 33155**

TITLE ☒ Change ☐ Addition
NAME **ZONIA ERNESTINA EMMANUEL DE ARIAS**
STREET ADDRESS **2400 SW 65TH AVE**
CITY-ST-ZIP **MIAMI - FL. 33155**

TITLE **MGR** ☐ Delete
NAME **GALDOS ENMANUEL, GABRIEL**
STREET ADDRESS **221 MAJORCA AVE., STE. 407 2400 SW 65TH AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134 MIAMI - FL. 33155**

TITLE ☒ Change ☐ Addition
NAME **GALDOS ENMANUEL, GABRIEL**
STREET ADDRESS **2400 SW 65TH AVE**
CITY-ST-ZIP **MIAMI - FL. 33155**

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/20/03

784-268-0901

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

Date

Daytime Phone #

CR2E083 (10/02)