

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90586 002 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30067249

DOCUMENT # L02000004225 1. Entity Name KDS CORN SPECIALTIES, LLC									
Principal Place of Business 6000 DUDA ROAD BELLE GLADE, FL 33430			Mailing Address POST OFFICE BOX 2015 BELLE GLADE, FL 33430						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 620257 Suite, Apt. #, etc.							
City & State Zip		City & State Oviedo, FL Zip 32762-0257		4. FEI Number 01-0607543 Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HAMILTON, EDWARD L JR. 6000 DUDA ROAD BELLE GLADE, FL 33430					
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering.)					
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☒ Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: David J. Ouda A. Ouda & Sons, Inc. by: David J. Ouda 4-29-03 407-365-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone