

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056280

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: BRAZIL TROPICAL FRUITS, LLC

**Current Principal Place of Business:**

1400 SHERIDAN STREET #J-19  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1400 SHERIDAN STREET #J-19  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 26-0249450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SUAREZ, ANDREA S  
2311 OAK CT.  
PEMBROKE PINES, FL 33026 US

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: ANDREA S. SUAREZ

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMOAK, VIOLETA J  
Address: 1400 SHERIDAN STREET #J-19  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR ( ) Delete  
Name: SMOAK, GREGORY S  
Address: 1400 SHERIDAN STREET #J-19  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY S. SMOAK

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date