	and File on or before Sept.	30, 1998 or Limited Llab d, minimum amount due	ility C	Company will be instate: \$688.75					
LIMITE	Sandra Secreta	LORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		98 JUL 27 PH 4: 01					
FILING \$ 588			n Supplemental Fee + \$400.00 Late Fee DA DEPARTMENT OF STATE			CE CALLAND OF TABLE TACLAHASSEE, LICADA			
1. Name and Mailing Address of Limited Liability Company  Forti tule Brands, LC.  ABJENDA AGRICOLA OLIVETINO USA, L.C.  C/O FRANCO STANZIONE  1915 BRICKELL AVE. APT. C-908  MIAMI FL 33129  188.75 - FF  400.60 - Cate For					1a. Principal Place of Business Address  C/O FRANCO STANZIONE  1915 BRICKELL AVE. APT. C-908  MIAMI FL 33129				
2. Princip	al Place of Business	2a. Mailing Address	alling Address			d or Qualified	3a. State o	f Formation	
Suite, Apt	W, etc.	Suite, Apt. #, etc.			09/24/19 4. FEI Number		FL T		
Carrie Can		City & State	City & State			• •		Applied For	
City & Sta	te	City & State			65-0716		C Contillant	Not Applicable	
Zip	Gountry	Zıp	Countr	у				e of Status Desired	
<u> </u>	7. Name and Address of Current	Registered Agent			$\frac{11/21/1}{1}$		ered Agent/	Office	
1915 BRICKELL AVE APT. C-908 MIAMI, FL 33129  City TA  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-rits registered office or registered agent, or both, in the State of Florida. Such change was authorit as registered agent, and accept the obligations.  SIGNATURE  Managing Members/Managers  Business Str					PALLAHASSEE  FL 32303  ve-named limited liability company submits this statement for the purpose of changing norized by affirmative vote of a majority of the members. I hereby accept the appointment				
			,		90	10002 -08/0 ****	26 1 C) 7/980 588, 75	9992 1089011 ****588.75	
11. I do hereby confly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual 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 of thistee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGNATURE:    SUMMATURE:   SOUTH AND TYPE DO OR WHITE DIAME OF SIGNING MANAGER DATE DATE DATE DATE DATE DATE DATE DATE									