

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088193

Entity Name: UNITED STATES SUGAR MOLASSES, LLC**Current Principal Place of Business:**111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440**Current Mailing Address:**111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 US**FEI Number:** 20-5959843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KURTZ, LUKE
111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	IBIS ENTERPRISES GROUP LLC
Address	111 PONCE DE LEON AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	PD
Name	WADE, MALCOLM SJR
Address	111 PONCE DE LEON AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	VP
Name	KURTZ, LUKE
Address	111 PONCE DE LEON AVENUE
City-State-Zip:	CLEWISTON FL 33440

Title	VST
Name	WOOD, ELAINE M
Address	111 PONCE DE LEON AVENUE
City-State-Zip:	CLEWISTON FL 33440

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE WOOD

VST

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date