

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069737

**Entity Name:** KROME AGRONOMICS LLC

**Current Principal Place of Business:**

782 NW 42 AVE  
SUITE 430  
MIAMI, FL 33126

**Current Mailing Address:**

782 NW 42 AVE  
SUITE 430  
MIAMI, FL 33126 US

**FEI Number:** 26-3091168

**Certificate of Status Desired:** No

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

CONTRERAS, GILBERT AESQ.  
141 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 PD  
Name PEREIRA, HUGO  
Address 782 NW 42 AVE  
SUITE 430  
City-State-Zip: MIAMI FL 33126

*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:** HUGO PEREIRA

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04/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date