## 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: LUIS A ACOSTA

Electronic Signature of Signing Authorized Person(s) Detail

## **FEI Number: NOT APPLICABLE** Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

DOCUMENT# L1300006399

ACOSTA, LUIS A 10587 NW 7TH TERRACE MIAMI, FL 33172 US

10587 NW 7TH TERRACE MIAMI, FL 33172

MIAMI. FL 33172

**Current Mailing Address:** 10587 NW 7TH TERRACE

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

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PINAR TWO AGRICULTURAL SOLUTIONS LLC

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ACOSTA, LUIS AJR	Name	CORDERO, MARLENE
Address	10587 NW 7TH TERRACE	Address	10587 NW 7TH TERRACE
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

FILED Apr 29, 2014 Secretary of State CC7182274595

Certificate of Status Desired: No

04/29/2014 Date

Date

PRESIDENT