

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000152569

**Entity Name:** LAM PRODUCE GROUP, LLC

**Current Principal Place of Business:**

11890 SW 8TH STREET  
SUITE 515  
MIAMI, FL 33184

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC6960143273**

**Current Mailing Address:**

11890 SW 8TH STREET  
SUITE 515  
MIAMI, FL 33184 US

**FEI Number: 46-4001956**

**Certificate of Status Desired: No**

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

MANCIA ZUNIGA, LUIS A  
17001 SW 92 STREET  
MIAMI, FL 33196 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, -52%  
Name MANCIA ZUNIGA, LUIS A  
Address RES. PORTAL DEL BOSQUE  
CLOSTER C#16  
City-State-Zip: TEGUCIGALPA HO 00000

Title MGRM, -- 16%  
Name MANCIA ANDARA, LUIS A  
Address RES. PORTAL DEL BOSQUE  
CLOSTER C # 16  
City-State-Zip: TEGUCIGALPA HO 00000HO

Title MGRM -- 16%  
Name MANCIA ANDARA, GABRIELA M  
Address RES. PORTAL DEL BOSQUE  
CLOSTER C # 16  
City-State-Zip: TECUCIGALPA HO 00000

Title MGRM -- 16%  
Name MANCIA ANDARA, LUIS G  
Address RES. PORTAL DEL BOSQUE  
CLOSTER C # 16  
City-State-Zip: TEGUCIGALPA HO 00000

*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: MANCIA ZUNIGA , LUIS A**

**MGRM**

**04/30/2015**

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

\_\_\_\_\_  
Date