

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000275518

**Entity Name:** AGROFACIL LLC

**Current Principal Place of Business:**

4379 LAUREL PL  
WESTON, FL 33332

**Current Mailing Address:**

4379 LAUREL PL  
WESTON, FL 33332 US

**FEI Number:** 85-3041280

**Certificate of Status Desired:** No

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

PROFESSIONAL TAX AGENTS INC  
175 SW 7TH ST  
SUITE 2201  
MIAMI, FL 33130 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:** MARCELA CRUZ

11/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ESTRADA MARQUEZ, SEBASTIAN  
Address 4379 LAUREL PL  
City-State-Zip: WESTON FL 33332

*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:** SEBASTIAN ESTRADA MARQUEZ

AMBR

11/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date