

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125957

**Entity Name:** PLP NATURAL PRODUCTS LLC

**Current Principal Place of Business:**

953 NORTHWEST 3RD AVENUE, STE. 11  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

953 NORTHWEST 3RD AVENUE, STE. 11  
FLORIDA CITY, FL 33034

**FEI Number:** 30-0455916

**Certificate of Status Desired:** No

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

STOREY, LISA  
95510 OVERSEAS HWY  
KEY LARGO, FL 33037 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:** LISA STOREY

04/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	PORTER, LORI	Name	BOWEN, ANA M
Address	95510 OVERSEAS HWY	Address	95510 OVERSEAS HIGHWAY
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	FLORIDA CITY FL 33037
Title	AUTHORIZED MEMBER	Title	MANAGER
Name	STOREY, LISA L	Name	PORTER, POWELL DOUGLAS
Address	953 NORTHWEST 3RD AVENUE, STE. 11	Address	95510 OVERSEAS HIGHWAY
City-State-Zip:	FLORIDA CITY FL 33034	City-State-Zip:	KEY LARGO FL 33037

*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:** LORI PORTER

MANAGER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date