

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000004655

**Entity Name:** GRASSROOTS HERB SUPPLY, LLC

**Current Principal Place of Business:**

4220 WINDING RIVER WAY  
LAND O LAKES, FL 34639

**Current Mailing Address:**

4220 WINDING RIVER WAY  
LAND O LAKES, FL 34639 US

**FEI Number:** 45-4232227

**Certificate of Status Desired:** No

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

MITCHELL, THOMAS S  
4220 WINDING RIVER WAY  
LAND O LAKES, FL 34639 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  
Name MITCHELL, THOMAS STERLING  
Address 4220 WINDING RIVER WAY  
City-State-Zip: LAND O LAKES FL 34639

Title MANAGER  
Name MITCHELL , JENNIFER NICOLE  
Address 4220 WINDING RIVER WAY  
City-State-Zip: LAND O LAKES FL 34639

*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:** THOMAS MITCHELL

**OWNER**

**04/21/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date