that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD KNIGHT

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

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.

Authorized Person(s) Detail :			
Title	MANAGING MEMBER	Title	MEMBER
Name	KNIGHT, RONALD A	Name	KNIGHT, SANDRA ANN
Address	9906 CRAFTSMAN PARK WAY	Address	9906 CRAFTSMAN PARK WAY
City-State-Zip:	PALMETTO FL 34221-1113	City-State-Zip:	PALMETTO FL 34221-1113

# **Current Mailing Address:**

2300 SOUTH DOCK ST

PALMETTO,, FL 34221

**UNIT 102** 

DOCUMENT# L14000044846

Entity Name: ORGANIC RESOURCES, LLC

**Current Principal Place of Business:** 

2300 SOUTH DOCK ST **UNIT 102** PALMETTO,, FL 34221

## FEI Number: 47-2177983

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

KNIGHT, RON A 2300 SOUTH DOCK ST **UNIT 102** PALMETTO,, FL 34221 US

SIGNATURE:

02/02/2022 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

#### FILED Feb 02, 2022 Secretary of State 7437027309CC

Certificate of Status Desired: No

Date

Date