TARPON SPRI	NGS, FL 34689			
Current Mai	ling Address:			
704 RIVERS	SIDE DR.			
TARPON SP	PRINGS, FL 34689 US			
FEI Number: 81-5116470			Certificate of Status Des	ired: No
Name and A	Address of Current Registered Agent:			
MANTZANAS,				
1004 N. FLORI				
TARPON SPRI	NGS, FL 34689 US			
	NGS, FL 34689 US d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	orida.
The above name		istered office or regis	tered agent, or both, in the State of Flc	orida. 04/21/2021
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flc	
The above name SIGNATURI	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	04/21/2021
The above name SIGNATURI	d entity submits this statement for the purpose of changing its reg E: NICHOLAS MANTZANAS Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Flo	04/21/2021
The above name SIGNATURE Authorized	d entity submits this statement for the purpose of changing its reg E: NICHOLAS MANTZANAS Electronic Signature of Registered Agent Person(s) Detail :			04/21/2021
The above name SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing its reg E: NICHOLAS MANTZANAS Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	MGR	04/21/2021
The above name SIGNATURE <b>Authorized</b> Title Name	d entity submits this statement for the purpose of changing its reg E: NICHOLAS MANTZANAS Electronic Signature of Registered Agent Person(s) Detail : AMBR MANTZANAS, NICHOLAS 1004 N. FLORIDA AVE.	Title Name	MGR KOULIAS, NICK 704 RIVERSIDE DR.	04/21/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CLEAN CONSCIENCE FOODS, LLC.

DOCUMENT# L17000018302

**Current Principal Place of Business:** 

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: NICHOLAS MANTZANAS

REGISTERED AGENT 04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 21, 2021 Secretary of State 2218490503CC