

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000149019

**Entity Name:** MM NATURAL USA LLC

**Current Principal Place of Business:**

3900 NW 79 AVE  
569  
MIAMI, FL 33166

**Current Mailing Address:**

3900 NW 79 AVE  
569  
MIAMI, FL 33166

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BOWEN, EVA A  
4610 SW 143 CT W  
MIAMI, FL 33175 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:** BOWEN, EVA A

04/15/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOWEN, EVA A  
Address 4610 SW 143 CT W  
City-State-Zip: MIAMI FL 33175

*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:** BOWEN , EVA A

MGR

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date