

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000188338

**Entity Name:** EDIBLE INNOVATIONS, LLC

**Current Principal Place of Business:**

18331 PINES BVLD  
319  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18331 PINES BVLD  
319  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 38-4048648

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
STE A  
TALLAHASSEE, FL 32301 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 MGR  
Name OUTLAW, MIKE  
Address 18331 PINES BVLD  
319  
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER  
Name VEDRAN, NIK  
Address 18331 PINES BVLD  
SUITE 319  
City-State-Zip: PEMBROKE PINES FL 33029

Title AUTHORIZED MEMBER  
Name GLEIT, ERIC  
Address 18331 PINES BVLD  
319  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** MIKE OUTLAW

**MANAGING MEMBER**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date