

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000001107

**Entity Name:** METODAN US, LLC

**Current Principal Place of Business:**

219 N. LAKE HARTRIDGE DR.  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD  
STE. 113  
WINTER HAVEN, FL 33884 US

**FEI Number:** 61-1864116

**Certificate of Status Desired:** No

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

WILHJELM, KENNETH  
6039 CYPRESS GARDENS BLVD  
STE. 113  
WINTER HAVEN, FL 33884 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	Title	MGR
Name	WILHJELM, KENNETH	Name	PRIESS, BETH
Address	KOLLEROED BYGADE 1	Address	KOLLEROED BYGADE 1
City-State-Zip:	ALLEROED CP 3450	City-State-Zip:	ALLEROED CP 3450

*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:** KENNETH WILHJELM

**PRESIDENT**

**04/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date