

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000069921

Entity Name: EDENBROOK FARM NUTRACEUTICALS, LLC**Current Principal Place of Business:**2604 BEAVERDAM RD
COLBERT, GA 30628**Current Mailing Address:**624 FIRST AVE
LADY LAKE, FL 32159 US**FEI Number: 82-4873987****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAIN, DANIEL F
624 FIRST AVE
LADY LAKE, FL 32159 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	CAIN, DANIEL S
Address	2112 SYKES CREEK DR
City-State-Zip:	MERRITT ISLAND FL 32953

Title	MGR
Name	GRIGGS, LYNN M
Address	1241 WILLIAMS HILL RD
City-State-Zip:	HEMINGWAY SC 29554

Title	MGR
Name	CAIN, SHARON L
Address	2112 SYKES CREEK DR.
City-State-Zip:	MERRITT ISLAND FL 32953

Title	AP
Name	GRIGGS, SONJA L
Address	2604 BEAVERDAM RD
City-State-Zip:	COLBERT GA 30628-1536

Title	AP
Name	CAIN, DANIEL F
Address	624 FIRST AVE
City-State-Zip:	LADY LAKE FL 32159

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: CAIN , DANIEL S**MANAGER****04/29/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date