

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000188574

**Entity Name:** SANICHEM INTERNATIONAL LLC

**Current Principal Place of Business:**

935 N. BENEVA RD  
UNIT 51903  
SARASOTA, FL 34232

**FILED**  
**Nov 16, 2022**  
**Secretary of State**  
**4515063201CC**

**Current Mailing Address:**

935 N BENEVA RD  
UNIT: 51903  
SARASOTA, FL 34232 UN

**FEI Number: 83-1525082**

**Certificate of Status Desired: No**

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

WENNERSTRAND, LINA  
935 N. BENEVA RD  
UNIT: 51903  
SARASOTA, FL 34232 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 WENNERSTRAND, LINA  
Address 935 N. BENEVA RD  
UNIT 51903  
City-State-Zip: SARASOTA FL 34232  
  
Title LOGISTICS MANAGER  
Name WENNERSTRAND, R. SR.  
Address 935 N BENEVA RD  
UNIT 51903  
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED REPRESENTATIVE,  
NORTHEAST MANAGER  
Name BUCKINGHAM, CLAUDIA  
Address 935 N BENEVA RD  
UNIT: 51903  
City-State-Zip: SARASOTA 34232

*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: LINA WENNERSTRAND**

**OFFICE MANAGER**

**11/16/2022**

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

\_\_\_\_\_  
Date