

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000196214

Entity Name: AMERICANNA LABORATORIES LLC**Current Principal Place of Business:**4613 PHILIPS HWY
SUITE 205
JACKSONVILLE, FL 32207**Current Mailing Address:**11757 CENTRAL PARKWAY
JACKSONVILLE, FL 32224 US**FEI Number:** 84-1957678**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DITORE, BRIAN A
4613 PHILIPS HWY
SUITE 205
JACKSONVILLE, FL 32207 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	DITORE, BRIAN A
Address	4613 PHILIPS HWY, #205
City-State-Zip:	JACKSONVILLE FL 32207

Title	MGR
Name	PEREZ, DAVID G
Address	11757 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	MGR
Name	PEREZ, ESTEBAN R SR
Address	11757 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	CMO
Name	STRINGFELLOW, GREGORY DR.
Address	11757 CENTRAL PARKWAY
City-State-Zip:	JACKSONVILLE FL 32224

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: DAVID PEREZ

COO

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date