

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000211327

**Entity Name:** HONEYDEW DROP, LLC

**Current Principal Place of Business:**

2439 CANEY OAKS DRIVE EAST  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

2439 CANEY OAKS DRIVE EAST  
JACKSONVILLE, FL 32218 US

**FEI Number: 83-1833028**

**Certificate of Status Desired: Yes**

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

SOLOMON, KIMBERLY  
2439 CANEY OAKS DRIVE EAST  
JACKSONVILLE, FL 32218 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 AUTHORIZED MEMBER  
Name DAWSON, JESSICA  
Address 200 RIVER VISTA DRIVE UNIT 729  
City-State-Zip: ATLANTA GA 30339

Title AUTHORIZED MEMBER  
Name DAWSON, SHELEVIA  
Address 25447 CHIPMAN HILL COURT  
City-State-Zip: MORENO VALLEY CA 92553

Title AUTHORIZED MEMBER  
Name SOLOMON, KIMBERLY  
Address 2439 CANEY OAKS DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32218

Title AUTHORIZED MEMBER  
Name BISHOP, EBONY  
Address PO BOX 10008  
City-State-Zip: MORENO VALLEY CA 92552

*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: KIMBERLY SOLOMON**

**AUTHORIZED MEMBER**

**02/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date