

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000018354

**Entity Name:** FLORACANN SUPPLEMENTS, LLC

**Current Principal Place of Business:**

400 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

5298 SUNBEAM ROAD  
UNIT 6  
JACKSONVILLE, FL 32257 US

**FEI Number:** 83-3277302

**Certificate of Status Desired:** No

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

PALMETTO CHARTER SERVICES, INC  
149 S. RIDGEWOOD AVE. STE 700  
DAYTONA BEACH, FL 32114 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 LOOP, DAVID  
Address 2568 OLD MIDDLEBURG ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title MGR  
Name ASCIK, MARK A  
Address 400 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title MANAGER  
Name LOOP, LEIGHTON  
Address 4844 RACETRACK ROAD  
City-State-Zip: ST JOHNS FL 32259

*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:** LEIGHTON LOOP MILLER

**MANAGER**

**01/27/2023**

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

\_\_\_\_\_  
Date