

2021 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**MANAGER****03/15/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date