

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000053919

Entity Name: MADELEINE BICHENDARITZ GROUP LLC**Current Principal Place of Business:**4713 TRIBUTE TRAIL
KISSIMME, FL 34746**Current Mailing Address:**4713 TRIBUTE TRAIL
KISSIMME, FL 34746 US**FEI Number:** 83-3929042**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AMERICAN GROWING GROUP LLC
15701 STATE ROAD 50
SUITE 204
CLERMONT, FL 34711 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 | DE OLIVEIRA, SERGE P |
| Address | 4713 TRIBUTE TRAIL |
| City-State-Zip: | KISSIMME FL 34746 |
| Title | MGR |
| Name | DE OLIVEIRA CONCHA, MATHIAS A |
| Address | ALCANTARA 979 DPTO 3 LAS CONDES |
| City-State-Zip: | SANTIAGO DE CHILE CHILE 7550427 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | CONCHA, PAULA A |
| Address | 4713 TRIBUTE TRAIL |
| City-State-Zip: | KISSIMME FL 34746 |
| Title | MGR |
| Name | DE OLIVEIRA CONCHA, CAMILA A |
| Address | ALCANTARA 979 DPTO 3 LAS CONDES |
| City-State-Zip: | SANTIAGO DE CHILE CHILE 7550427 |

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: DE OLIVEIRA , SERGE P

MGR

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date