

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000168087

**Entity Name:** HERBALXPRESS LLC

**Current Principal Place of Business:**

476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

476 RIVERSIDE AVE  
JACKSONVILLE, FL 32202 US

**FEI Number:** 38-3956191

**Certificate of Status Desired:** No

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

ANNA MANUKYAN  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** ANNA MANUKYAN.

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            NEILSON-RUIZ, MORRIS  
Address        2ND FLOOR, 98 GOLDSTONE VILLAS  
City-State-Zip: HOVE EAST SUSSEX BN33RU

*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:** MORRIS NEILSON-RUIZ

MR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date