

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000013076

**Entity Name:** PHYTO INNOVATIONS LLC

**Current Principal Place of Business:**

216 CATALONIA AVE  
SUITE 100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

216 CATALONIA AVE  
SUITE 100  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HAYES, ELIZABETH  
10641 SW 113 PL  
UNIT X  
MIAMI, FL 33176 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 HAYES, ELIZABETH  
Address 10641 SW 113 PL UNIT X  
City-State-Zip: MIAMI FL 33176

Title MGR  
Name LUIS, OLGA  
Address 216 CATALONIA AVE SUITE 100  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CHA, SHAMAYA  
Address 216 CATALONIA AVE SUITE 100  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HEIMANN, ROBERT  
Address 10641 SW 113 PL UNIT X  
City-State-Zip: MIAMI GL 33176

Title MGR  
Name HONIG, DANIEL  
Address 114 PURITAN AVE  
City-State-Zip: FOREST HILLS NY 11375

Title MGR  
Name GOLDSTEIN, LARRY  
Address 10152 GREENVILLE HWY  
City-State-Zip: WELFORD SC 29385

*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:** ROBERT HEIMANN

**MANAGER**

**04/23/2021**

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

\_\_\_\_\_  
Date