

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000196446

**Entity Name:** HERBLEND LLC

**Current Principal Place of Business:**

2021 N LEMANS BLVD  
UNIT 6406  
TAMPA, FL 33607

**Current Mailing Address:**

2021 N LEMANS BLVD  
UNIT 6406  
TAMPA, FL 33607 US

**FEI Number:** 38-4155405

**Certificate of Status Desired:** No

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

ELSAYED, HESHAM  
2021 N LEMANS BLVD  
UNIT 6406  
TAMPA, FL 33607 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 MGRM  
Name ELSAYED, HESHAM  
Address 2021 N LEMANS BLVD  
UNIT 6406  
City-State-Zip: TAMPA FL 33607

*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:** HESHAM ELSAYED

MGRM

03/28/2023

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

\_\_\_\_\_  
Date