

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000316248

**Entity Name:** SACRED REMEDIES LLC

**Current Principal Place of Business:**

16751 SE 23 ST  
MORRISTON, FL 32668

**Current Mailing Address:**

3743 W UNIVERSITY AVE  
GAINESVILLE, FL 32607 US

**FEI Number:** 85-3492609

**Certificate of Status Desired:** No

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

INDEPENDENT LAW PLLC  
2106 NW 4TH PLACE  
GAINESVILLE, FL 32603 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 LIU, ALLY L  
Address 3743 W UNIVERSITY AVE  
City-State-Zip: GAINESVILLE FL 32607

*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:** ALLY LIU

**OWNER**

**04/06/2024**

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

\_\_\_\_\_  
Date