	1940 STATE RO	<b>Acipal Place of Business:</b> DAD 16W SPRINGS, FL 32043			
	Current Mai	ling Address:			
	1940 STATE GREEN CO\	ROAD16W /E SPRINGS, FL 32043 US			
FEI Number: 85-4034340			Certificate of Status Desire	d: Yes	
	Name and A	ddress of Current Registered Agent:			
	MAXWELL, RAYMONE 1940 STATE ROAD 16W GREEN COVE SPRINGS, FL 32043 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.					
	The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida	
		l entity submits this statement for the purpose of changing its regis	tered office or regis		4/30/2023
			tered office or regis		
	SIGNATURE	RAYMONE MAXWELL	tered office or regis		4/30/2023
	SIGNATURE	RAYMONE MAXWELL Electronic Signature of Registered Agent	tered office or regis		4/30/2023
	SIGNATURE	RAYMONE MAXWELL     Electronic Signature of Registered Agent  Person(s) Detail :		0	4/30/2023
	SIGNATURE Authorized I	RAYMONE MAXWELL     Electronic Signature of Registered Agent Person(s) Detail :     MGR	Title	AP	4/30/2023
	SIGNATURE Authorized I Title Name	Electronic Signature of Registered Agent  Person(s) Detail :  MGR  MAXWELL, RAYMONE  1940 STATE ROAD 16W	Title Name Address	AP PIERCE, MARTRIE LYNETTE	4/30/2023 Date
	SIGNATURE Authorized I Title Name Address	Electronic Signature of Registered Agent  Person(s) Detail :  MGR  MAXWELL, RAYMONE  1940 STATE ROAD 16W	Title Name Address	AP PIERCE, MARTRIE LYNETTE 1940 STATE ROAD 16W	4/30/2023 Date
	SIGNATURE Authorized I Title Name Address City-State-Zip:	Electronic Signature of Registered Agent  Person(s) Detail :  MGR  MAXWELL, RAYMONE  1940 STATE ROAD 16W  GREEN COVE SPRINGS FL 32043	Title Name Address	AP PIERCE, MARTRIE LYNETTE 1940 STATE ROAD 16W	4/30/2023 Date
	SIGNATURE Authorized I Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent  Person(s) Detail :  MGR  MAXWELL, RAYMONE  1940 STATE ROAD 16W  GREEN COVE SPRINGS FL 32043  AP	Title Name Address	AP PIERCE, MARTRIE LYNETTE 1940 STATE ROAD 16W	4/30/2023 Date
	SIGNATURE Authorized I Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent  Person(s) Detail :  MGR  MAXWELL, RAYMONE  1940 STATE ROAD 16W  GREEN COVE SPRINGS FL 32043  AP  MAXWELL, ELIYUS JAE	Title Name Address	AP PIERCE, MARTRIE LYNETTE 1940 STATE ROAD 16W	4/30/2023 Date

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: RAYMONE MAXWELL

REGISTERED AGENT/OWNER 04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000357347

Entity Name: 14PLANTS LLC

## ..... ~ 4 D -:-

FILED Apr 30, 2023 Secretary of State 2654014739CC

Date