

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000104869

Entity Name: BLACK CAT KOMBUCHA LLC

Current Principal Place of Business:

4015 MYRA STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

4015 MYRA STREET
JACKSONVILLE, FL 32205

FEI Number: 86-2401028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFAIVRE, CHEYENNE L
4015 MYRA STREET
JACKSONVILLE, FL 32205 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 MANAGER
Name LEFAIVRE-LINDSEY, CHEYENNE
Address 671 MELBA STREET
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGER
Name SANDERS, JOSHUA GENE
Address 4015 MYRA STREET
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGER
Name WOODARD, DONALD RAYMOND II
Address 2923 POST ST
City-State-Zip: JACKSONVILLE FL 32205

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: LEFAIVRE-LINDSEY , CHEYENNE

MANAGER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date