

**2024 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       1038 CONGLETON TERR  
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: CHEYENNE LEFAIVRE-LINDSEY**

**MANAGER**

**02/04/2024**

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

\_\_\_\_\_  
Date