

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000366501

**Entity Name:** ANNATURAL LLC

**Current Principal Place of Business:**

100 E LINTON BLVD  
SUITE 215 B  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

100 E LINTON BLVD  
SUITE 215 B  
DELRAY BEACH, FL 33483 US

**FEI Number:** 87-2330145

**Certificate of Status Desired:** No

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

DELHOMME, ANNA C  
100 E LINTON BLVD  
SUITE 215 B  
DELRAY BEACH, FL 33483 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 DELHOMME, ANNA C  
Address 100 E LINTON BLVD SUITE 215 B  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name HARDY, CLAUDILE C  
Address 100 E LINTON BLVD SUITE 215 B  
City-State-Zip: DELRAY BEACH FL 33483

Title CFO  
Name DELHOMME, BILLY S  
Address 100 E LINTON BLVD  
SUITE 215B  
City-State-Zip: DELRAY BEACH FL 33483

*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:** BILLY S DELHOMME

**CFO**

**02/15/2022**

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

\_\_\_\_\_  
Date