

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000243956

**Entity Name:** BLACK EDEN'S LLC

**Current Principal Place of Business:**

8523 LAURENS ROAD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

8523 LAURENS ROAD  
JACKSONVILLE, FL 32208 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

JONES, TORRI  
8523 LAURENS ROAD  
JACKSONVILLE, FL 32208 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 AP  
Name WARD, CHERON  
Address 8523 LAURENS ROAD, ,  
City-State-Zip: JACKSONVILLE FL 32208

Title MGR  
Name WARD, CHERON  
Address 8523 LAURENS  
City-State-Zip: JACKSONVILLE FL 32208

Title MGR  
Name JONES, TORRI  
Address 8523 LAURENS ROAD, ,  
City-State-Zip: JACKSONVILLE FL 32208

*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:** CHERON WARD

**OWNER**

**04/02/2023**

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

\_\_\_\_\_  
Date