

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000243956

Entity Name: BLACK EDEN'S LLC

Current Principal Place of Business:

8523 LAURENS ROAD
JACKSONVILLE, FL, FL 32208

Current Mailing Address:

8523 LAURENS ROAD
JACKSONVILLE, FL 32208 US

FEI Number: 88-3335782

Certificate of Status Desired: No

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

AP

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date