

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000082564

**Entity Name:** HERBAL UNIVERSITY LLC

**Current Principal Place of Business:**

225 COLLEGE DRIVE  
#65717  
ORANGE PARK, FL 32065

**Current Mailing Address:**

PO BOX 65717  
ORANGE PARK, FL 32065 US

**FEI Number:** 92-2343614

**Certificate of Status Desired:** No

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

TEAGUE, ELNORA  
2285 COUNTY ROAD 220  
APT 607  
MIDDLEBURG, FL 32068 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 TEAGUE, ELNORA  
Address 2285 COUNTY ROAD 220, APT 607  
City-State-Zip: MIDDLEBURG FL 32068

*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:** ELNORA TEAGUE, ALL RIGHTS RESERVED

MGR

03/18/2024

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

\_\_\_\_\_  
Date