2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002852

Entity Name: MOM BRANDS COMPANY, LLC

Current Principal Place of Business:

20802 KENSINGTON BLVD LAKEVILLE, MN 55044

Current Mailing Address:

20802 KENSINGTON BLVD LAKEVILLE. MN 55044 US

FEI Number: 41-0175310 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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:

Title

Electronic Signature of Registered Agent

Date

FILED Apr 11, 2023

Secretary of State

1452006889CC

Authorized Person(s) Detail :

Title CEO Title **CFO**

Name CAOGGIO, NICOLAS Name SHAFER, CRAIG A

Address 20802 KENSINGTON BLVD Address 20802 KENSINGTON BLVD

City-State-Zip: LAKEVILLE MN 55044 LAKEVILLE MN 55044 City-State-Zip:

Title ASST. SECRETARY, OTHER, Title **SECRETARY GOVERNORS**

BOLLETTIERI, JILL H Name

Name GRAY, DIEDRE J Address 20802 KENSINGTON BLVD

2503 S. HANLEY ROAD Address City-State-Zip: LAKEVILLE MN 55044

City-State-Zip: ST. LOUIS MO 63144

OTHER, GOVERNOR Title OTHER, GOVERNOR VITALE, ROBERT V Name

Name ZADOKS, JEFF A

Address 2503 S. HANLEY ROAD Address 2503 S. HANLEY ROAD

ST. LOUIS MO 63144 City-State-Zip: City-State-Zip: ST. LOUIS MO 63144

Title OTHER, CHIEF HR OFFICER

BRAKE, TONYA M. Name

20802 KENSINGTON BLVD Address City-State-Zip: LAKEVILLE MN 55044

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.

04/11/2023 ASSISTANT SECRETARY SIGNATURE: DIEDRE J. GRAY

Electronic Signature of Signing Authorized Person(s) Detail

Date