

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010050

**Entity Name:** ALLNORTH AMERICAS LLC

**Current Principal Place of Business:**

505-2755 TUTT STREET  
KELOWNA, V1Y 0G1

**Current Mailing Address:**

505-2755 TUTT STREET  
KELOWNA, V1Y 0G1 CA

**FEI Number:** 33-1224469

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 MGRM  
Name ALLNORTH AMERICAS INC.  
Address BOX 968, 2011 PG PULPMILL ROAD  
City-State-Zip: PRINCE GEORGE BC V2L 4V1

Title VP E  
Name CAMERON, CHRISTINA  
Address 1203 E DESERT BROOMWAY  
City-State-Zip: PHOENIX AZ 85048

Title ASSV  
Name SKOVMOSE, MARK  
Address 4628 LOST LAKE  
City-State-Zip: NANAIMO BC V9T 5C4

Title VP OPERATIONS  
Name MIELE, JAY  
Address 12735 MORRIS ROAD EXT  
175  
City-State-Zip: ALPHARETTA GA 30004

*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:** ALANA HALL

**DIRECTOR OF  
ACCOUNTING**

02/07/2024

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

Date