

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011980

**Entity Name:** AMERICAN SODA LLC

**Current Principal Place of Business:**

400 COUNTY ROAD 85  
GREEN RIVER, WY 82935

**Current Mailing Address:**

504 CARNEGIE CENTER  
PRINCETON, NJ 08540 US

**FEI Number:** 87-1444720

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 KEBART, BRIAN  
Address 504 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title MANAGER  
Name ASCHER, DAVID  
Address 504 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title MANAGER  
Name BLOUIN, CHRISTOPHER  
Address 504 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title TREASURER  
Name FONTE, CAROLYN  
Address 504 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title SECRETARY  
Name STIER, MITCHELL  
Address 504 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

*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:** CAROLYN FONTE

**TREASURER**

**01/22/2024**

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

\_\_\_\_\_  
Date