


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000048305 |  |
| 1. Entity Name EDIBLE SCIENCE LLC | |

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|--|--|
| Principal Place of Business 1460 MAIN ST. SUITE 15 SARASOTA FL 34235 US | Mailing Address 1460 MAIN ST. SUITE 15 SARASOTA FL 34235 US |
|--|--|

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/05)

4. FEI Number 05-0604852 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

| | |
|--|---|
| 6. Name and Address of Current Registered Agent ELLIS, STEPHEN W 3708 FLORES AVE SARASOTA FL 34239 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ELLIS, STEPHEN W 3708 FLORES AVE SARASOTA FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U000000424761 02/18/06-80062-006 50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MILLS, SHERRI L 3708 FLORES AVE SARASOTA FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE:  **Jan 31 / 06**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #