that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000075977

Entity Name: TOWER FOODS SCIENCE LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

11707 SW 113 TERRACE MIAMI, FL 33186

Current Mailing Address:

11707 SW 113 TERRACE MIAMI. FL 33186

FEI Number: 20-3466830

Name and Address of Current Registered Agent:

HIGUERA, NOHORA 11707 SW 113 TERRACE MIAMI, FL 33186 US

FILED

Certificate of Status Desired: Yes

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

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	HIGUERA, NOHORA	Name	TORRES, PABLO
Address	11707 SW 113 TERRACE	Address	11707 SW 113 TERRACE
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

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

SIGNATURE: PABLO TORRES

AUTHORIZED REPRESENTATIVE 01/08/2023

Date

Date