

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000040848

**Entity Name:** JUNGLE LIFE HERBAVITES.LLC

**Current Principal Place of Business:**

22654 US HWY 129  
#143  
O'BRIEN, FL 32071

**Current Mailing Address:**

PO BOX 143  
O'BRIEN, FL 32071 US

**FEI Number:** 81-1016634

**Certificate of Status Desired:** No

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

EVITT, MARC L  
22654 US HWY 129  
#143  
O'BRIEN, FL 32071 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 EVITT, MARC L  
Address PO BOX 143  
City-State-Zip: O'BRIEN FL 32071

Title MGR  
Name ESPINEL, NELIDA S  
Address PO BOX 143  
City-State-Zip: O'BRIEN FL 32071

*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:** MARC EVITT

**MANAGER**

**05/01/2025**

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

\_\_\_\_\_  
Date