

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000105358

**Entity Name:** EDEN PURE LLC

**Current Principal Place of Business:**

4019 36TH STREET SW  
LEHIGH ACRES, FL 33976

**Current Mailing Address:**

4019 36TH STREET SW  
LEHIGH ACRES, FL 33976 US

**FEI Number:** 47-4523085

**Certificate of Status Desired:** No

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

FLYNN, OMAR  
4019 36TH STREET  
LEHIGH ACRES, FL 33976 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 AP  
Name HUMPHREY, SARA Y  
Address 3815 SW 10TH STREET  
City-State-Zip: LEHIGH ACRES FL 33976

Title OTHER  
Name FLYNN, OMAR  
Address 4019 36TH STREET SW  
City-State-Zip: LEHIGH ACRES FL 33976

*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:** OMAR FLYNN

MR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date