

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000106442

**Entity Name:** CITRUS EXTRACTS, LLC**Current Principal Place of Business:**3495 SOUTH U.S. HWY.1, BLDG.12-E  
FT.PIERCE, FL 34982**Current Mailing Address:**3495 SOUTH US HWY 1  
BUILDING 12  
FORT PIERCE, FL 34982 US**FEI Number:** 47-4242702**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOWE, WILLIAM MANAGING MEMBER  
1999 MACQUILLEN ROAD  
PORT ST. LUCIE, FL 34952 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:** WILLIAM HOWE

04/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P
Name	HOWE, WILLIAM
Address	3495 SOUTH U.S. HWY.1, BLDG.12-E
City-State-Zip:	FT.PIERCE FL 34982

Title	AUTHORIZED MEMBER
Name	CITRUS EXTRACTS ACQUISITIONS LLC
Address	3495 SOUTH U.S. HWY.1, BLDG.12-E
City-State-Zip:	FT.PIERCE FL 34982

*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:** CITRUS EXTRACTS LLC CAROL MULLEN**ADMINISTRATOR**

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date