

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000009502

**Entity Name:** MAMA NATURAL PRODUCTS LLC

**Current Principal Place of Business:**

198 OKEECHOBEE W  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 1826  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 30-1026565

**Certificate of Status Desired:** No

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

MAMA NATURAL PRODUCTIONS LLC  
198 OKEECHOBEE W  
SANTA ROSA, FL 32459 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 MAMA NATURAL PRODUCTIONS LLC  
Address PO BOX 1826  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** MICHAEL HOWLAND

MANAGER

02/01/2021

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

\_\_\_\_\_ Date