

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000052682

**Entity Name:** STUFFUM NATURALS PROTEIN SNACKS LLC**Current Principal Place of Business:**1430 RAILHEAD BOULEVARD  
UNIT 103  
NAPLES, FL 34110**Current Mailing Address:**1430 RAILHEAD BOULEVARD  
UNIT 103  
NAPLES, FL 34110 US**FEI Number:** 82-4823603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BISHOP, KAREN  
1430 RAILHEAD BLVD  
UNIT 103  
NAPLES, FL 34110 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:** KAREN BISHOP

04/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | CEO, MGR                       |
| Name            | EASTON, ASHLEY                 |
| Address         | 1430 RAILHEAD BLVD<br>UNIT 103 |
| City-State-Zip: | NAPLES FL 34110                |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | CFO, AUTHORIZED<br>REPRESENTATIVE |
| Name            | BISHOP, KAREN                     |
| Address         | 1430 RAILHEAD BLVD<br>UNIT 103    |
| City-State-Zip: | NAPLES FL 34110                   |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | COO, AUTHORIZED<br>REPRESENTATIVE |
| Name            | BISHOP, ANDREW S                  |
| Address         | 1430 RAILHEAD BLVD<br>SUITE 103   |
| City-State-Zip: | NAPLES FL 34110                   |

*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:** KAREN BISHOP

CFO

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date