

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000159506

**Entity Name:** MAW'S MOUNTAIN MOONSHINE, LLC

**Current Principal Place of Business:**

28615 STATE RD 44  
EUSTIS, FL 32736

**Current Mailing Address:**

7862 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747 US

**FEI Number: 82-5508942**

**Certificate of Status Desired: No**

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

ADKINS, JHOSETTE  
28615 STATE RD 44  
EUSTIS, FL 32736 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 ADKINS, JHOSETTE  
Address 2653 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title AMBR  
Name ADKINS, JOHN  
Address 2653 EMERALD ISLAND BLVD  
City-State-Zip: KISSIMMEE, FL 34747

Title AMBR  
Name DINIZ, VICTORIA  
Address 8908 TIBERIAN DRIVE #102  
City-State-Zip: KISSIMMEE FL 34711

Title AMBR  
Name DINIZ, RICARDO  
Address 8908 TIBERIAN DRIVE #102  
City-State-Zip: KISSIMMEE FL 34711

*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: JHOSETTE ADKINS**

**MGR**

**04/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date