#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000165356

Entity Name: LINCEIS CONSCIOUS BUSINESS GROUP, LLC

Feb 01, 2022 Secretary of State 3288336143CC

**FILED** 

## **Current Principal Place of Business:**

6913 HARVEST FARMS LANE CROZET, VA 22932

# **Current Mailing Address:**

P.O. BOX 305

CROZET. VA 22932 US

FEI Number: 83-1285407 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MARKS GRAY, P.A. 1200 RIVERPLACE BOULEVARD SUITE 800 JACKSONVILLE, FL 32207 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                     | Title   | AUTHORIZED MEMBER       |
|---------|-------------------------|---------|-------------------------|
| Name    | ROBERTSON, SUSAN H      | Name    | ROBERTSON, F. BARRY III |
| Address | 6913 HARVEST FARMS LANE | Address | 6913 HARVEST FARMS LANE |

City-State-Zip: CROZET VA 22932 City-State-Zip: CROZET VA 22932

Title AUTHORIZED MEMBER Title MANAGER Name POWELL, EDWARD C Name MEDAGLIA, CYNTHIA L Address 1848 CHALLEN AVENUE Address 47 CROCKER STREET JACKSONVILLE FL 32205 City-State-Zip: **BEREA OH 44071** City-State-Zip:

AUTHORIZED MEMBER Title Title **AUTHORIZED MEMBER** Name RODRIGUEZ, VERONICA PATTON, JON C Name Address 1844 TIERRA VERDE DRIVE 145 LINKSIDE CIRCLE Address City-State-Zip: ATLANTIC BEACH FL 32233 City-State-Zip: PONTE VEDRA BEACH FL 32082

Title AMBR Title AMBR

Name HAAS, ANDREA Name HAAS, KEVIN

Address 13557 N. NOAH COURT Address 13557 N. NOAH COURT

City-State-Zip: KAMAS UT 84036 City-State-Zip: KAMAS UT 84036

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: SUSAN H. ROBERTSON

**MANAGER** 

02/01/2022