

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000166219

**Entity Name:** OAKWOOD NATURAL LIVING LLC

**Current Principal Place of Business:**

4245 OAKWOOD DR.  
ST. CLOUD, FL 34772

**Current Mailing Address:**

4245 OAKWOOD DR.  
ST. CLOUD, FL 34772 US

**FEI Number:** 83-2311298

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** CHEYENNE MOSELEY, ASST. SEC OBO USCA

01/10/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DICKSON, CHRISTINE  
Address 4245 OAKWOOD DR.  
City-State-Zip: ST. CLOUD FL 34772

Title AMBR  
Name DICKSON, COLE  
Address 4245 OAKWOOD DR.  
City-State-Zip: ST. CLOUD FL 34772

*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:** COLE DICKSON

CO-OWNER

01/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date