

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000196214

**Entity Name:** AMERICANNA LABORATORIES LLC

**Current Principal Place of Business:**

4613 PHILIPS HWY  
SUITE 205  
JACKSONVILLE, FL 32207

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**5687260115CC**

**Current Mailing Address:**

4613 PHILIPS HWY  
SUITE 205  
JACKSONVILLE, FL 32207

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

DITORE, BRIAN A  
4613 PHILIPS HWY  
SUITE 205  
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  
Name DITORE, BRIAN A  
Address 4613 PHILIPS HWY, #205  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name PEREZ, ESTEBAN R SR  
Address 4613 PHILIPS HWY, #205  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name PEREZ, DAVID G  
Address 4613 PHILIPS HWY  
SUITE 205  
City-State-Zip: JACKSONVILLE FL 32207

*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: DAVID PEREZ**

**MGR**

**04/05/2019**

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

\_\_\_\_\_  
Date