

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000253181

**Entity Name:** VIVID LEAF, LLC

**Current Principal Place of Business:**

1521 RICHLAND POINTE  
GREENSBORO, GA 30642

**Current Mailing Address:**

P.O. BOX 3039  
NAPLES, FL 34106 US

**FEI Number:** 83-2384498

**Certificate of Status Desired:** No

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

SOLDAVINI & CALDWELL, ATTN: PAM DERHAMMER  
5455 JAEGER ROAD  
NAPLES, FL 34109 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            MANAGER  
Name            VON RUEXLEBEN, BETTINA S  
Address        P.O. BOX 3039  
City-State-Zip:   NAPLES FL 34106

Title            MANAGER  
Name            VON RUEXLEBEN, HANS TILL A  
Address        P.O. BOX 3039  
City-State-Zip:   NAPLES FL 34106

*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:** HANS TILL VON RUEXLEBEN

**MANAGER**

**02/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date