

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000007375

**Entity Name:** HONEYMED, LLC

**Current Principal Place of Business:**

73 ADAM'S WAY  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

73 ADAM'S WAY  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 83-3370883

**Certificate of Status Desired:** Yes

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

BLAIR, EVGENIA N  
73 ADAM'S WAY  
SANTA ROSABEACH, FL 32459 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:** EVGENIA BLAIR

03/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER/MANAGER

Title AUTHORIZED MEMBER

Name BLAIR, EVGENIA N

Name CHEREDNICHENKO, ANDREY N

Address 73 ADAM'S WAY

Address 73 ADAM'S WAY

City-State-Zip: SANTA ROSA BEACH FL 32459

City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** EVGENIA N BLAIR

OWNER

03/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date