

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000084112

**Entity Name:** HYSSOPESSENTIALS LLC

**Current Principal Place of Business:**

520 NE 165 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

520 NE 165 STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 83-4672385

**Certificate of Status Desired:** No

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

PALMER, SHERINE D  
520 NE 165 STREET  
NORTH MIAMI BEACH, FL 33162 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            CEO  
Name            PALMER, SHERINE D  
Address        520 NE 165 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** SHERINE PALMER

05/01/2025

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

\_\_\_\_\_  
Date