

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000297206

**Entity Name:** ROCKY'S REMEDIES LLC

**Current Principal Place of Business:**

7228 CLARCONA OCOEE RD #838  
CLARCONA, FL 32710

**Current Mailing Address:**

7228 CLARCONA OCOEE RD #838  
CLARCONA, FL 32710 US

**FEI Number:** 84-3915003

**Certificate of Status Desired:** No

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

HENNEMANN, DEANDRA  
7228 CLARCONA OCOEE RD #838  
CLARCONA, FL 32710 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 HENNEMANN, DEANDRA  
Address 7228 CLARCONA OCOEE RD #838  
City-State-Zip: CLARCONA FL 32710

*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:** DEANDRA HENNEMANN

**MANAGER**

**01/23/2022**

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

\_\_\_\_\_ Date