

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000100775

**Entity Name:** TRUVYNE NATURALS LLC

**Current Principal Place of Business:**

5881 NW 18 CT  
SUNRISE, FL 33313

**Current Mailing Address:**

P.O. BOX 190223  
FT LAUDERDALE, FL 33319 US

**FEI Number:** 85-0727231

**Certificate of Status Desired:** Yes

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

WILLIAMS, CHARMAINE R  
5881 NW 18 CT  
SUNRISE, FL 33313 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	Title	MGR
Name	WILLIAMS, CHARMAINE R	Name	AMOS, CHEYENNE S
Address	5881 NW 18 CT	Address	5881 NW 18 CT
City-State-Zip:	SUNRISE FL 33313	City-State-Zip:	SUNRISE FL 33313

*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:** CHARMAINE WILLIAMS

**MANAGER**

**02/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date