

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000134299

**Entity Name:** ALTERNATIVE PROTEIN SOURCES LLC

**Current Principal Place of Business:**

23364 JUNE BUG TRAIL  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

23364 JUNE BUG TRAIL  
BROOKSVILLE , FL 34602 US

**FEI Number: 85-1079294**

**Certificate of Status Desired: No**

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

KIRSCHMANN, DAVID  
23364 JUNE BUG TRAIL  
BROOKSVILLE, FL 34601 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	AMBR
Name	KIRSCHMANN, DAVID	Name	MILLER, TRISTAN
Address	23364 JUNE BUG TRAIL	Address	23364 JUNE BUG TRAIL
City-State-Zip:	BROOKSVILLE FL 34602	City-State-Zip:	BROOKSVILLE FL 34601

*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: DAVID KIRSCHMANN**

**MGR**

**04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date