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

SIGNATURE: DESMOND JACKSON

Electronic Signature of Signing Authorized Person(s) Detail

2024	FLORIDA LII	MITED LIAB	ILITY COM	PANY ANNU	JAL REPORT

DOCUMENT# L20000135185

Entity Name: COPROPHAGIC GRINS ENTERTAINMENT LLC

Current Principal Place of Business:

7709 NE 138LN NEWBERRY, FL 32669

Current Mailing Address:

7709 NE 138LN NEWBERRY, FL 32669 US

FEI Number: 85-1197967

Name and Address of Current Registered Agent:

JACKSON, DESMOND 7709 NE 138LN NEWBERRY, FL 32669 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:

Authorized P

Title	MGR	Title	MGR
Name	JACKSON, DESMOND	Name	SMITHERMAN, DAVID
Address	7709 NE 138LN	Address	1442 NW 98TH TERRACE
City-State-Zip:	NEWBERRY FL 32669	City-State-Zip:	GAINESVILLE FL 32606

Electronic Signature of Registered Age	ent		
Person(s) Detail :			
MGR	Title	MGR	
JACKSON, DESMOND	Name	SMITHERMAN, DAVID	
7709 NF 138I N	Address	1442 NW 98TH TERRACE	

that my name appears above, or on an attachment with all other like empowered.

MGR

04/03/2024

Date

FILED Apr 03, 2024 Secretary of State 8357967185CC

Certificate of Status Desired: No

Date