

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000118887

**Entity Name:** NAKED FARMER 1001 WATER LLC

**Current Principal Place of Business:**

534 CHANELSIDE DRIVE  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 320326  
TAMPA, FL 33679 US

**FEI Number:** 87-1544412

**Certificate of Status Desired:** No

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

JOHNSON, JORDAN C  
4811 CULBREATH ISLES ROAD  
TAMPA, FL 33629 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           MANAGER  
Name           JOHNSON, JORDAN CHRISTOPHER  
Address        PO BOX 320326  
City-State-Zip: TAMPA FL 33679

*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:** JORDAN C JOHNSON

CEO

01/30/2023

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

\_\_\_\_\_ Date