

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000438005

**Entity Name:** GROWSCRIPTS BIOSCIENCE LLC

**Current Principal Place of Business:**

414 N. ST. CLAIR ABRAMS AVENUE  
# 414  
TAVARES, FL 32778

**Current Mailing Address:**

PO BOX 185  
TAVARES, FL 32778 US

**FEI Number: 88-3490444**

**Certificate of Status Desired:** Yes

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

RIVERA, JOHN V  
414 N SAINT CLAIR ABRAMS AVE  
TAVARES, FL 32778 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            AMBR  
Name            RIVERA, JOHN V  
Address        414 N. ST. CLAIR ABRAMS AVENUE  
City-State-Zip: TAVARES FL 32778

*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: JOHN V. RIVERA

AMBR

08/01/2022

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

\_\_\_\_\_ Date