

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000503053

**Entity Name:** EDEN ORGANIC HEALTH, LLC

**Current Principal Place of Business:**

204 WOODLAND AVENUE  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 840009  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 92-2204006**

**Certificate of Status Desired: Yes**

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

KHALID, MARIAM  
204 WOODLAND AVENUE  
ST. AUGUSTINE, FL 32080 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  
Name KHALID, MOHAMMAD  
Address 204 WOODLAND AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title AMBR  
Name KHALID, MARIAM  
Address 204 WOODLAND AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title AMBR  
Name KHALID, HAJAR M  
Address 204 WOODLAND AVENUE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title MEMBER  
Name ODOM, DENISE RENEE  
Address PO BOX 840009  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: MARIAM KHALID**

**MEMBER**

**03/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date