

2024 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: No

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

AMBR

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date