

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352797

**Entity Name:** KALEAVA ORGANICS LLC

**Current Principal Place of Business:**

1100 KINGS RD  
#40804  
JACKSONVILLE, FL 32203

**Current Mailing Address:**

PO BOX 40804  
JACKSONVILLE, FL 32203 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ANTHONY, SHATEYA  
6252 FAULKNER CIR  
JACKSONVILLE, FL 32244 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            ANTHONY, SHATEYA  
Address        6252 FAULKNER CIR  
City-State-Zip: JACKSONVILLE FL 32244

Title            MGR  
Name            BROWN, MARKAYLA  
Address        6252 FAULKNER CIR  
City-State-Zip: JACKSONVILLE FL 32244

Title            MGR  
Name            THORNES, LEAH  
Address        6252 FAULKNER CIR  
City-State-Zip: JACKSONVILLE FL 32244

Title            MGR  
Name            BROWN, NEVAEH  
Address        6252 FAULKNER CIR  
City-State-Zip: JACKSONVILLE FL 32244

*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:** SHATEYA ANTHONY

**CEO**

**04/29/2022**

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

\_\_\_\_\_  
Date