

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049923

**Entity Name:** MILK MOMMY MILK LLC

**Current Principal Place of Business:**

2441 NW 62 AVE  
MARGATE, FL 33063

**Current Mailing Address:**

2441 NW 62 AVE  
MARGATE, FL 33063 UN

**FEI Number:** 27-2622985

**Certificate of Status Desired:** No

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

TWIST-HARTY, KATY BMRS.  
2441 NW 62 AVE  
MARGATE, FL 33063 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           MANAGING MEMBER  
Name            TWIST-HARTY, KATY  
Address         2441 NW 62ND AVE  
City-State-Zip: MARGATE FL 33063

Title            AUTHORIZED REPRESENTATIVE  
Name            SKAARUP, ANA  
Address         2441 NW 62ND AVE  
City-State-Zip: MARGATE FL 33063

*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:** KATY BETH TWIST-HARTY

**MANAGING MEMBER**

**04/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date