

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000084215

**Entity Name:** BESWEET CREATIONS LLC**Current Principal Place of Business:**3350 NE 12TH AVE  
#70710  
OAKLAND PARK, FL 33307**Current Mailing Address:**3350 NE 12TH AVE  
#70710  
OAKLAND PARK, FL 33307 US**FEI Number:** 47-5499004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WFP LAW  
1250 S PINE ISLAND RD  
STE 200  
PLANTATION, FL 33324 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:** MICHAEL D WILD

07/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOHNSON, NICOLE C  
Address 3350 NE 12TH AVE #70710  
City-State-Zip: OAKLAND PARK FL 33307

Title MGR  
Name MORRIS, DANIEL J  
Address 3350 NE 12TH AVE #70710  
City-State-Zip: OAKLAND PARK FL 33307

Title MGRM  
Name DAN DAILY LLC  
Address 3350 NE 12TH AVENUE  
#70710  
City-State-Zip: OAKLAND PARK FL 33307

Title MGRM  
Name NICOLE NIGHTLY LLC  
Address 3350 NE 12TH AVENUE  
#70710  
City-State-Zip: OAKLAND PARK FL 33307

Title AUTHORIZED MEMBER  
Name KDPA LLC  
Address 1415 NE 7TH STREET  
City-State-Zip: FT LAUDERDALE FL 33304

Title MBR  
Name DANI NIGHTLY LLC  
Address 3350 NE 12TH AVENUE  
#70710  
City-State-Zip: OAKLAND PARK FL 33307

Title MBR  
Name YENIDA LLC  
Address 3350 NE 12TH AVENUE  
#70710  
City-State-Zip: OAKLAND PARK FL 33307

*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:** DANIELA JOHNSON**MEMBER**

07/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date