

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000159557

**Entity Name:** CHILLED FOODS LLC

**Current Principal Place of Business:**

105 DUE EAST  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

105 DUE EAST  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number: 81-2871526**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GILARDI, MICHAEL  
Address        105 DUE EAST  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           MANAGER  
Name           GILARDI, PAMELA  
Address        105 DUE EAST  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           MANAGER  
Name           LIDDY, JEFF  
Address        105 DUE EAST  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           MANAGER  
Name           GILARDI, JR., MICHAEL  
Address        105 DUE EAST  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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: MICHAEL GILARDI**

**MGR**

**04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date