

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200180

**Entity Name:** FOOD TRUCK STORAGE, L.L.C.

**Current Principal Place of Business:**

5960 RICHARD STREET  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5960 RICHARD STREET  
JACKSONVILLE, FL 32216 US

**FEI Number: 92-1218218**

**Certificate of Status Desired: No**

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

AHERN, BRENT  
5960 RICHARD STREET  
JACKSONVILLE, FL 32216 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 AHERN, BRENT  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name BRAREN, MICHAEL E SR  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name LUAREN BRAREN, ANNE  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name BRAREN, MICHAEL II  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name HISSAM, JAMES  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name HARDIN, JENNIFER  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR  
Name SCULL, PAUL  
Address 5960 RICHARD STREET  
City-State-Zip: JACKSONVILLE FL 32216

*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: JENNIFER HARDIN**

**MEMBER**

**03/29/2023**

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

\_\_\_\_\_  
Date