

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000071360

**Entity Name:** BAKERY-X LLC

**Current Principal Place of Business:**

8144 CARLTON RIDGE DR  
LAND O LAKES, FL 34638

**Current Mailing Address:**

8144 CARLTON RIDGE DR  
LAND O LAKES, FL 34638 US

**FEI Number:** 82-4886176

**Certificate of Status Desired:** No

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

VITAL, XAVIER  
8144 CARLTON RIDGE DR  
LAND O'LAKES, FL 34638 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 VITAL, XAVIER E.  
Address 8144 CARLTON RIDGE DRIVE  
City-State-Zip: LAND O LAKES FL 34638

Title AMBR  
Name VITAL, BRIDGETTE M.  
Address 8144 CARLTON RIDGE DRIVE  
City-State-Zip: LAND O LAKES FL 34638

Title AMBR  
Name VITAL, LAURA  
Address 8144 CARLTON RIDGE DRIVE  
City-State-Zip: LAND O LAKES FL 34638

*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:** XAVIER E. VITAL

MEMBER

05/01/2024

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

\_\_\_\_\_ Date