

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000143471

Entity Name: CLUTCH KITCHEN LLC.

Current Principal Place of Business:

1301 SOUTHWINDS DR  
LANTANA, FL 33462

Current Mailing Address:

1301 SOUTHWINDS DR  
LANTANA, FL 33462 US

FEI Number: 83-0858161

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, JAVON D  
1301 SOUTHWINDS DR  
LANTANA, FL 33462 US

**FILED**  
**Mar 31, 2021**  
**Secretary of State**  
**8763176369CC**

*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: JAVON D JACKSON

03/31/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	JACKSON, JEROME JR	Name	JACKSON, JAVON
Address	101 SOUTHWINDS DR	Address	1301 SOUTHWINDS DR
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462
Title	MANAGER	Title	MANAGER
Name	TYSON , FELIX	Name	JACKSON , DEVONTAE
Address	1301 SOUTHWINDS DR	Address	1301 SOUTHWINDS DR
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462
Title	MANAGER	Title	MANAGER
Name	JACKSON, SYLVIA	Name	EASON , TAMMY
Address	1301 SOUTHWINDS DR	Address	1301 SOUTHWINDS DR
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462
Title	MANAGER	Title	MANAGER
Name	SMITH , APRIEL	Name	EDWARDS, LATAVIA
Address	1301 SOUTHWINDS DR	Address	1301 SOUTHWINDS DR
City-State-Zip:	LANTANA FL 33462	City-State-Zip:	LANTANA FL 33462

*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: JAVON D JACKSON

MANAGER

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date