1700 SUWANE WEST PALM B	E DR EACH, FL 33409			
Current Mai	iling Address:			
1700 SUWA WEST PALM	NEE DR / BEACH, FL 33409 US			
FEI Number: 83-5751740			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
GREEN, RONN 1700 SUWANN WEST PALM B				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flor	ida.
		istered office or regis	tered agent, or both, in the State of Flor	<sup>ida.</sup> 03/21/2023
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flori	
SIGNATURI	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flor	03/21/2023
SIGNATURI	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of Flor	03/21/2023
SIGNATURI Authorized	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent Person(s) Detail :			03/21/2023
SIGNATUR	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	MANAGER	03/21/2023
SIGNATURE Authorized Title Name Address	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR GREEN, RONNIE	Title Name Address	MANAGER HOLMES, TARA	03/21/2023
SIGNATURE Authorized Title Name Address	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR GREEN, RONNIE 1700 SUWANEE DR	Title Name Address	MANAGER HOLMES, TARA 1700 SUWANNEE DRIVE	03/21/2023
SIGNATURE Authorized Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR GREEN, RONNIE 1700 SUWANEE DR WEST PALM BEACH FL 33409	Title Name Address	MANAGER HOLMES, TARA 1700 SUWANNEE DRIVE	03/21/2023
SIGNATURS Authorized Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its reg E: RONNIE GREEN Electronic Signature of Registered Agent <b>Person(s) Detail :</b> AMBR GREEN, RONNIE 1700 SUWANEE DR WEST PALM BEACH FL 33409 AUTHORIZED REPRESENTATIVE	Title Name Address	MANAGER HOLMES, TARA 1700 SUWANNEE DRIVE	03/21/2023

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: RONNIE GREEN

PRESIDENT

## 03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194317

Entity Name: TRU-GOOD RIBS & SOUL FOOD LLC

## **Current Principal Place of Business:**

FILED Mar 21, 2023 **Secretary of State** 0889877173CC