

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235208

**Entity Name:** FAMILY FIRST PRODUCE LLC

**Current Principal Place of Business:**

4050 NW 90 WAY  
SUNRISE, FL 33351

**Current Mailing Address:**

4050 NW 90 WAY  
SUNRISE, FL 33351 US

**FEI Number:** 83-2202848

**Certificate of Status Desired:** Yes

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

SANCHEZ, MIGUEL ANGEL SR.  
4050 NW 90TH WAY  
SUNRISE, FL 33351 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:** MIGUEL ANGEL SANCHEZ

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                   |                 |                     |
|-----------------|-------------------|-----------------|---------------------|
| Title           | AUTHORIZED MEMBER | Title           | AUTHORIZED MEMBER   |
| Name            | VILLALOBO, FEIDY  | Name            | SANCHEZ, LISELPIDIA |
| Address         | 4050 NW 90 WAY    | Address         | 4050 NW 90 WAY      |
| City-State-Zip: | SUNRISE FL 33351  | City-State-Zip: | SUNRISE FL 33351    |

Title AUTHORIZED REPRESENTATIVE  
 Name MIGUEL, SANCHEZ ANGEL SR.  
 Address 4050 NW 90TH WAY  
 City-State-Zip: SUNRISE FL 33351

*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:** MIGUEL SANCHEZ

**LEGAL REPRESENTATIVE** 04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date