

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000071558

**Entity Name:** YUMMI TUMMI BITES LLC

**Current Principal Place of Business:**

4948 5TH AVE S  
SAINT PETERSBURG, FL 33707

**Current Mailing Address:**

4948 5TH AVE S  
SAINT PETERSBURG, FL 33707 US

**FEI Number: 83-3941878**

**Certificate of Status Desired: Yes**

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

PONDER, GARY  
2383 LYNN LAKE CRT S  
APT C  
SAINT PETERSBURG, FL 33712 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	MGMR	Title	AUTHORIZED REPRESENTATIVE
Name	MORGAN, CHRYSTAL	Name	ELLIS, SILVIO A II
Address	4948 5TH AVE S	Address	707 99TH AVE NO 104
City-State-Zip:	SAINT PETERSBURG FL 33707	City-State-Zip:	ST.PETERSBURG FL 33702
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	RODRIGUEZ, CARLOS A II	Name	RODRIGUEZ, JA'QUAN A
Address	707 99TH AVE NO 104	Address	707 99TH AVE NO 104
City-State-Zip:	ST.PETERSBURG FL 33702	City-State-Zip:	ST.PETERSBURG FL 33702
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	RODRIGUEZ, CHYNA A	Name	MORGAN, LINDA
Address	707 99TH AVE NO 104	Address	707 99TH AVE NO 104
City-State-Zip:	ST.PETERSBURG FL 33702	City-State-Zip:	ST.PETERSBURG FL 33702

*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: CHRYSTAL MORGAN**

**MGMR**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date