

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000235057

**Entity Name:** SUWANNEE SWEET LLC**Current Principal Place of Business:**1604 NW 94TH ST  
GAINESVILLE, FL 32606**Current Mailing Address:**1604 NW 94TH ST  
GAINESVILLE, FL 32606 US**FEI Number:** 85-2531875**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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                       | Title           | MANAGER, AUTHORIZED MEMBER |
| Name            | EMERY, PETER               | Name            | SHACKELFORD, MELVIN        |
| Address         | 1604 NW 94TH ST            | Address         | 1604 NW 94TH ST            |
| City-State-Zip: | GAINESVILLE FL 32606       | City-State-Zip: | GAINESVILLE FL 32606       |
|                 |                            |                 |                            |
| Title           | MANAGER, AUTHORIZED MEMBER |                 |                            |
| Name            | RUNDLE, JUSTIN             |                 |                            |
| Address         | 1604 NW 94TH ST            |                 |                            |
| City-State-Zip: | GAINESVILLE FL 32606       |                 |                            |

*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:** PETER EMERY

AMBR

03/15/2021

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