## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000248372

**Entity Name: CULINARY EXPERIENCES LLC** 

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**Current Principal Place of Business:** 

2610 STATE ROAD A1A APT 109

JACKSONVILLE, FL 32233

## **Current Mailing Address:**

2610 STATE ROAD A1A APT 109 JACKSONVILLE, FL 32233 US

FEI Number: 85-2504061 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MURRAY-FRYE, BRIANNA 2610 STATE ROAD A1A APT 109 JACKSONVILLE, FL 32233 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

FILED Apr 30, 2024

**Secretary of State** 

5291397423CC

## Authorized Person(s) Detail:

Title AMBR

Name MURRAY-FRYE, BRIANNA Address 2610 STATE ROAD A1A

**APT 109** 

City-State-Zip: JACKSONVILLE FL 32233

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: BRIANNA MURRAY-FRYE

OWNER

04/30/2024

Date