

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000325943

**Entity Name:** PASTA PACKS LLC

**Current Principal Place of Business:**

4334 SOUTH MANHATTAN AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

4334 SOUTH MANHATTAN AVENUE  
TAMPA, FL 33611 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BRYON, GREGORY  
4334 SOUTH MANHATTAN AVENUE  
TAMPA, FL 33611 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	MGR	Title	MGR
Name	BRYON, GREG J	Name	BRYON, NICHOLASS
Address	4334 SOUTH MANHATTAN AVENUE	Address	4334 SOUTH MANHATTAN AVENUE
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

*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:** GREGORY BBRYON

**MANAGER**

**04/24/2024**

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

\_\_\_\_\_  
Date