

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000025406

**Entity Name:** TWO BITES, LLC

**Current Principal Place of Business:**

6955 SOUTH STILLWATER SHORES DR  
DAVIE, FL 33314

**Current Mailing Address:**

4828 TONNELLE AVE  
APT. 3310  
NORTH BERGEN, NJ 07047 US

**FEI Number:** 86-1771815

**Certificate of Status Desired:** No

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

CHAI, NATALIE  
6955 SOUTH STILLWATER SHORES DR  
DAVIE, FL 33314 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:** NATALIE CHAI

02/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AP  
Name ROSEMOND, MAKENZO  
Address 4828 TONNELLE AVE  
APT. 3310  
City-State-Zip: NORTH BERGEN NJ 07047

Title AP  
Name CHAI, NATALIE  
Address 6955 SOUTH STILLWATER SHORES  
DR  
City-State-Zip: DAVIE FL 33314

*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:** MAKENZO ROSEMOND

CO-OWNER

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date