

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000026557

**Entity Name:** MAIKEL'S BAKERY, LLC

**Current Principal Place of Business:**

8304 FLOWERFIELD DRIVE  
TAMPA, FL 33615

**Current Mailing Address:**

8304 FLOWERFIELD DRIVE  
TAMPA, FL 33615

**FEI Number: 86-1971584**

**Certificate of Status Desired: No**

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

DUARTE, MAIKEL  
8304 FLOWERFIELD DRIVE  
TAMPA, FL 33615 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  
Name DUARTE, MAIKEL  
Address 8304 FLOWERFIELD DRIVE  
City-State-Zip: TAMPA FL 33615

Title MGR  
Name OLIVERA, RAFAEL  
Address 10005 N. CONNECHUSETT ROAD  
City-State-Zip: TAMPA FL 33617

Title MGR  
Name DUARTE, LAZARA  
Address 8304 FLOWERFIELD DRIVE  
City-State-Zip: TAMPA FL 33615

*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: MAIKEL DUARTE**

**MGR**

**04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date