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: CAROL GRANT

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :					
Title	OWNER	Title	MGR		
Name	GRANT, CAROL L	Name	GRANT, KEVIN D SR		
Address	5432 TURKEY CREEK CT	Address	5432 TURKEY CREEK C		
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 322		
Title	MANAGER				

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:

Name

I

Address

City-State-Zip:

	Electronic Signature of Registered Agent				
uthorized Person(s) Detail :					
tle	OWNER	Title	MGR		
ame	GRANT, CAROL L	Name	GRANT, KEVIN D SF		
ddress	5432 TURKEY CREEK CT	Address	5432 TURKEY CREE		
ity-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL		

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000132604

Entity Name: CAROLS HOUSE OF SWEETS LLC

Current Principal Place of Business:

1102 MURRAY DRIVE JACKSONVILLE, FL 32205

Current Mailing Address:

5432 TURKEY CREEK CT JACKSONVILLE. FL 32244

FEI Number: 87-1050062

Name and Address of Current Registered Agent:

MOREE, FRANCES MAE 6209 QUIET COUNTRY LANE

JACKSONVILLE FL 32218

GRANT, CAROL L 5432 TURKEY CREEK CT JACKSONVILLE, FL 32244 US

FILED Dec 15, 2022 Secretary of State 7689680983CC

Date

Certificate of Status Desired: Yes

СТ 244

12/15/2022

OWNER

Date