

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000137832

**Entity Name:** TWISTED BITES LLC

**Current Principal Place of Business:**

6536 S GOLDENROD RD  
UNIT A  
ORLANDO, FL 32822

**Current Mailing Address:**

6536 S GOLDENROD RD  
UNIT A  
ORLANDO, FL 32822

**FEI Number:** 86-3051604

**Certificate of Status Desired:** No

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

RODRIGUEZ, MIGUEL  
6536 S GOLDENROD RD  
UNIT A  
ORLANDO, FL 32822 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 RODRIGUEZ, MIGUEL  
Address 6536 S GOLDENROD RD UNIT A  
City-State-Zip: ORLANDO FL 32822

Title MGR  
Name ARCINIEGAS, MARIA P  
Address 6536 S GOLDENROD RD UNIT A  
City-State-Zip: ORLANDO FL 32822

*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:** MIGUEL RODRIGUEZ

**OWNER**

**02/03/2024**

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

\_\_\_\_\_  
Date