

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000140104

**Entity Name:** 22Q2 CREAMERY LLC

**Current Principal Place of Business:**

2271 LERYL AVE.  
NORTH PORT, FL 34286

**Current Mailing Address:**

2271 LERYL AVE.  
NORTH PORT, FL 34286 US

**FEI Number:** 20-3196819

**Certificate of Status Desired:** Yes

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

PETERS, RAYMOND  
2271 LERYL AVE.  
NORTH PORT, FL 34286 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	AUTHORIZED MEMBER
Name	PETERS, RAYMOND	Name	PETERS, CHARLENE
Address	2271 LERYL AVE.	Address	2271 LERYL AVE.
City-State-Zip:	NORTH PORT FL 34286	City-State-Zip:	NORTH PORT FL 34286

*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:** RAYMOND PETERS

**MANAGER**

**04/09/2023**

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

\_\_\_\_\_  
Date