

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000180647

**Entity Name:** CESPO FAMILY LLC

**Current Principal Place of Business:**

4500 S US HWY 17 92  
CASSELBERRY, FL 32707

**Current Mailing Address:**

180 FOREST TRAIL  
OVIDO, FL 32765 US

**FEI Number: 86-3973978**

**Certificate of Status Desired:** No

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

CRESPO, YESENIA  
180 FOREST TRAIL  
OVIDO, FL 32765 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           FRANCHISE OWNER  
Name           CRESPO, YESENIA  
Address        180 FOREST TRAIL  
City-State-Zip: OVIDO FL 32765

Title           GENERAL MANAGER  
Name           CRESPO, ROBERT W  
Address        180 FOREST TRAIL  
City-State-Zip: OVIDO FL 32765

*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: YESENIA CRESPO**

**OWNER**

**01/31/2023**

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

\_\_\_\_\_  
Date