

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000240098

**Entity Name:** LITTLE CRAVINGS, LLC

**Current Principal Place of Business:**

11200 BISCAYNE BLVD  
211  
MIAMI, FL 33181

**Current Mailing Address:**

11200 BISCAYNE BLVD  
211  
MIAMI, FL 33181 US

**FEI Number:** 87-1103569

**Certificate of Status Desired:** Yes

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

ASSAF, MARIA P  
11200 BISCAYNE BLVD  
APT 211  
MIAMI, FL 33181 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 ASSAF, MARIA P  
Address 11200 BISCAYNE BLVD APT 211  
City-State-Zip: NORTH MIAMI FL 33181

Title AMBR  
Name ASSAF, GUSTAVO A  
Address 11200 BISCAYNE BLVD APT 211  
City-State-Zip: NORTH MIAMI FL 33181

Title AMBR  
Name PENALOZA, MARIA E  
Address 11200 BISCAYNE BLVD APT 211  
City-State-Zip: NORTH MIAMI FL 33181

Title AMBR  
Name QUINTERO, LAURA P  
Address 11200 BISCAYNE BLVD APT 211  
City-State-Zip: NORTH MIAMI FL 33181

*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:** MARIA P ASSAF

**MGR**

**04/04/2024**

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

\_\_\_\_\_  
Date