

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352985

**Entity Name:** MY SWEET PLACE LLC

**Current Principal Place of Business:**

8925 NW 54 STREET  
SUNRISE, FL 33351

**Current Mailing Address:**

8925 NW 54 STREET  
SUNRISE, FL 33351

**FEI Number:** 88-1817007

**Certificate of Status Desired:** No

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

LEYVA, NAXARA  
8925 NW 54 STREET  
SUNRISE, FL 33351 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            AUTHORIZED MEMBER  
Name            LEYVA, NAXARA  
Address        8925 NW 54 STREET  
City-State-Zip: SUNRISE FL 33351

*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:** LEYVA, NAXARA

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date