

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000002106

**Entity Name:** ANNIE. & CO. LLC

**Current Principal Place of Business:**

6343 CHAMPLAIN TERRACE  
DAVIE, FL 33331

**Current Mailing Address:**

6343 CHAMPLAIN TERRACE  
DAVIE, FL 33331 US

**FEI Number:** 88-1660007

**Certificate of Status Desired:** No

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

KIESEL, JOSHUA  
6343 CHAMPLAIN TERRACE  
DAVIE, FL 33331 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            CEO  
Name            KIESEL, JOSHUA  
Address        6343 CHAMPLAIN TERRACE  
City-State-Zip: DAVIE FL 33331

Title            COO  
Name            KIESEL, SARINA  
Address        6343 CHAMPLAIN TERRACE  
City-State-Zip: DAVIE FL 33331

Title            CMO  
Name            KIESEL, JESSICA  
Address        6343 CHAMPLAIN TERRACE  
City-State-Zip: DAVIE FL 33331

Title            CFO  
Name            KIESEL, CHARLIE  
Address        6343 CHAMPLAIN TERRACE  
City-State-Zip: DAVIE FL 33331

Title            CCO  
Name            KIESEL, DARYL  
Address        6343 CHAMPLAIN TERRACE  
City-State-Zip: DAVIE FL 33331

*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:** JOSHUA KIESEL

**CEO**

**04/29/2023**

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

\_\_\_\_\_  
Date