

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000435460

**Entity Name:** GIGIA'S CATERING, LLC

**Current Principal Place of Business:**

6250 WILES RD  
CORAL SPRINGS, 33067

**Current Mailing Address:**

6250 WILES RD APT 305  
CORAL SPRINGS, FL 33067 UN

**FEI Number: 88-4192622**

**Certificate of Status Desired: Yes**

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

HOSPEDALES, GLORIA  
6250 WILES RD APT 305  
CORAL SPRINGS, FL 33067 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            PRESIDENT  
Name            HOSPEDALES, GLORIA  
Address        6250 WILES RD APT 305  
City-State-Zip: CORAL SPRINGS 33067

Title            VP  
Name            CUERVO, RUBEN  
Address        6250 WILES RD APT 305  
City-State-Zip: CORAL SPRINGS 33067

*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: GLORIA HOSPEDALES**

**PRESIDENT**

**03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date