

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000485875

**Entity Name:** GRIT BOWLS CATERING LLC

**Current Principal Place of Business:**

425 SW VIOLET AVE  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

425 SW VIOLET AVE  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 92-1031974

**Certificate of Status Desired:** No

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

LAZARRE, EMMELINE  
425 SW VIOLET AVE  
PORT SAINT LUCIE, FL 34983 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           MANAGER  
Name           LAZARRE, EMMELINE  
Address        425 SW VIOLET AVE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title           MANAGER  
Name           BERRY, MYESHA  
Address        6917 WILLOW CREEK RUN  
City-State-Zip: LAKE WORTH FL 33463

*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:** EMMELINE LAZARRE

**MANAGER**

**03/20/2024**

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

\_\_\_\_\_  
Date