

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000300968

**Entity Name:** LOW FAT KUSTOMS LLC

**Current Principal Place of Business:**

11923 OAK TRAIL WAY STE 110  
PORT RICHEY, FL 34668

**Current Mailing Address:**

11923 OAK TRAIL WAY STE 110  
PORT RICHEY, FL 34668 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CAKSACKKAR, DAVID  
13301 WOODWARD DRIVE  
HUDSON, FL 34667 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 AMBR  
Name CAKSACKKAR, DAVID  
Address 13301 WOODWARD DRIVE  
City-State-Zip: HUDSON FL 34667

*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:** DAVID CAKSACKKAR

AMBR

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date