

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000432741

**Entity Name:** FLAVOR FOUR, LLC

**Current Principal Place of Business:**

8607 GALL BOULEVARD  
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

8607 GALL BOULEVARD  
ZEPHYRHILLS, FL 33541 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MADANI, SHEADA ESQ.  
401 E. JACKSON STREET, SUITE 3100  
TAMPA, FL 33602 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 MGR  
Name MONBARREN, LAURAN S  
Address POST OFFICE BOX 992  
City-State-Zip: SAN ANTONIO FL 33576

Title MGR  
Name MONBARREN, KENTEN  
Address POST OFFICE BOX 992  
City-State-Zip: SAN ANTONIO FL 33576

*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:** LAURAN SIMPSON MONBARREN

**MANAGER**

**02/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date