

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000509571

**Entity Name:** LATIN BITES FACTORY LLC

**Current Principal Place of Business:**

8944 NW 24 TERRACE  
DORAL, FL 33172

**Current Mailing Address:**

8944 NW 24 TERRACE  
DORAL, FL 33172 US

**FEI Number:** 93-4330306

**Certificate of Status Desired:** Yes

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

GABRIE, ALINA V  
8944 NW 24 TERRACE  
DORAL, FL 33172 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           GABRIE, ALINA V  
Address        8944 NW 24 TERRACE  
City-State-Zip: DORAL FL 33172

Title           AMBR  
Name           GABRIE, MARIA Y  
Address        7345 SW 148TH CT  
City-State-Zip: MIAMI FL 33122

*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:** ALINA V GABRIE

**MANAGER**

**02/22/2024**

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

\_\_\_\_\_  
Date