

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000018179

**Entity Name:** COCKTAIL SOLUTIONS LLC

**Current Principal Place of Business:**

301 HIGHWAY 12 W  
STARKVILLE, MS 39759

**Current Mailing Address:**

P O BOX 85  
STARKVILLE, MS 39760 US

**FEI Number: 81-3990099**

**Certificate of Status Desired: Yes**

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

CRISSEY, JEFFREY  
11210 SW 49TH PLACE  
DAVIE, FL 33330 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                 | Title           | MGR                |
| Name            | CRISSEY, CURT       | Name            | CARLEY, TONY       |
| Address         | 106 BRIDLE PATH     | Address         | 615 WILLIAMS ROAD  |
| City-State-Zip: | STARKVILLE MS 39759 | City-State-Zip: | CALEDONIA MS 39740 |

*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: CURT CRISSEY**

**MANAGER**

**02/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date