

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000095292

**Entity Name:** OLIVE MY PICKLE, LLC

**Current Principal Place of Business:**

5913 ST. AUGUSTINE ROAD #5  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5913 ST. AUGUSTINE ROAD #5  
JACKSONVILLE, FL 32207 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TZABARI, CHARLOTTE  
5913 ST. AUGUSTINE ROAD #5  
JACKSONVILLE, FL 32207 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 TZABARI, CHARLOTTE  
Address 5913 SAINT AUGUSTINE ROAD # 5  
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT  
Name TZABARI, SHAI  
Address 5913 ST AUGUSTINE ROAD SUITE 5  
D/B/A OLIVE MY PICKLE  
City-State-Zip: JACKSONVILLE FL 32207

*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:** SHAI TZABARI

**CO-OWNER**

**02/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date