

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000108693

**Entity Name:** UNIVERSAL TWISTEE TREAT, LLC

**Current Principal Place of Business:**

5555 S. KIRKMAN ROAD  
STE. 201  
ORLANDO, FL 32819

**Current Mailing Address:**

5555 S. KIRKMAN ROAD  
STE. 201  
ORLANDO, FL 32819 US

**FEI Number:** 46-3670068

**Certificate of Status Desired:** No

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

HODGE, RANDALL R  
5555 S. KIRKMAN ROAD  
STE. 201  
ORLANDO, FL 32819 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 TWISTEE TREAT MANAGER, LLC  
Address 5555 S. KIRKMAN ROAD, STE. 201  
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT  
Name KHATIB, RASHID A  
Address 5555 S. KIRKMAN ROAD  
STE. 201  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name HODGE, RANDALL R  
Address 5555 S. KIRKMAN ROAD  
STE. 201  
City-State-Zip: ORLANDO FL 32819

*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:** RANDALL R HODGE

VP

04/24/2024

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

\_\_\_\_\_  
Date