

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211516

**Entity Name:** MIRACULOUS DELIGHTS, LLC

**Current Principal Place of Business:**

14035 BEACH BLVD. #107  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

3716 WEXFORD HOLLOW RD E  
JACKSONVILLE, FL 32224

**FEI Number:** 81-4480599

**Certificate of Status Desired:** No

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

ALDRIDGE, CARLA M  
3716 WEXFORD HOLLOW RD E  
JACKSONVILLE, FL 32224 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 AMBR  
Name ALDRIDGE, CARLA M  
Address 3716 WEXFORD HOLLOW RD E  
City-State-Zip: JACKSONVILLE FL 32224

Title AMBR  
Name ALDRIDGE, RUBEN A  
Address 3716 WEXFORD HOLLOW RD E  
City-State-Zip: JACKSONVILLE FL 32224

*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:** CARLA ALDRIDGE

AMBR

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date