

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000047428

**Entity Name:** MOORE FLAVOR LLC

**Current Principal Place of Business:**

217 N. SEACREST BLVD.  
#1645  
BOYNTON BEACH, FL 33425

**Current Mailing Address:**

P.O. BOX 1645  
#1645  
BOYNTON BEACH, FL 33425 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

MOORE, LAKIA L  
217 N. SEACREST BLVD.  
#1645  
BOYNTON BEACH, FL 33425 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, AUTHORIZED MEMBER  
Name           MOORE, LAKIA LESSAWN  
Address        217 N. SEACREST BOULEVARD  
City-State-Zip: BOYNTON BEACH FL 33425

*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:** LAKIA LESSAWN MOORE

**OWNER**

**04/29/2022**

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

\_\_\_\_\_  
Date