

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000168421

Entity Name: MULTICULTURAL FOOD CONSULTING LLC**Current Principal Place of Business:**6359 BELLAMALFI ST
BOCA RATON, FL 33496**Current Mailing Address:**6359 BELLAMALFI ST
BOCA RATON, FL 33496 US**FEI Number:** 84-2771506**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUCHON, EDUARDO
6359 BELLAMALFI ST
BOCA RATON, FL 33496 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 | SOUCHON, EDUARDO |
| Address | 6359 BELLAMALFI ST |
| City-State-Zip: | BOCA RATON FL 33496 |

| | |
|-----------------|-------------------------|
| Title | MGR |
| Name | HENRIQUEZ, MILDRED |
| Address | 10800 NW 82 TER, UNIT 5 |
| City-State-Zip: | DORAL FL 33178 |

| | |
|-----------------|--------------------------------|
| Title | MGR |
| Name | PIMENTEL DE SAMANIEGO, ZAIDA K |
| Address | 9821 NW 9TH ST |
| City-State-Zip: | MIAMI FL 33172 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | GOMEZ, CAROLINA |
| Address | 1351 NE MIAMI GARDENS DR 703 |
| City-State-Zip: | MIAMI FL 33179 |

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: EDUARDO SOUCHON

MGR

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date