

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000027871

**Entity Name:** TRIXEE TREATS LLC

**Current Principal Place of Business:**

33906 TARA WOOD DR  
LEESBURG, FL 34788

**Current Mailing Address:**

33906 TARA WOOD DR  
LEESBURG, FL 34788

**FEI Number: 84-4393062**

**Certificate of Status Desired: No**

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

GERIG, SHELLY C  
33906 TARA WOOD DR  
LEESBURG, FL 34788 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	GERIG, SHELLY C	Name	GERIG, LYNN A
Address	33906 TARA WOOD DR	Address	33906 TARA WOOD DR
City-State-Zip:	LEESBURG FL 34788	City-State-Zip:	LEESBURG FL 34788

*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: SHELLY C GERIG**

**AUTHORIZED MEMBER**

**01/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date