

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000114474

**Entity Name:** TASTE OF HEAVEN CATERING LLC

**Current Principal Place of Business:**

2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2620 NORTH AUSTRALIAN AVENUE  
SUITE 109  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 85-0882890

**Certificate of Status Desired:** Yes

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

GERALD, LATASHA  
693 CONNESTEE ROAD  
WEST PALM BEACH, FL 33413 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 GERALD, LATASHA  
Address 693 CONNESTEE ROAD  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** LATASHA GERALD

**MANAGER**

**02/09/2022**

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

\_\_\_\_\_  
Date