

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000132613

Entity Name: FAMILY FOOD, LLC**Current Principal Place of Business:**2908 19TH STREET SW
LEHIGH ACRES, FL 33976**Current Mailing Address:**2908 19TH STREET SW
LEHIGH ACRES, FL 33976**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEAUCLOCHE, JUNIE
2908 19TH STREET SW
LEHIGH ACRES, FL 33976 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	BEAUCLOCHE, JUNIE
Address	2908 19TH STREET SW
City-State-Zip:	LEHIGH ACRES FL 33976

Title	VP
Name	LEOPOLD, WENDY
Address	2908 19TH STREET SW
City-State-Zip:	LEHIGH ACRES FL 33976

Title	VP
Name	VAL, JOHNSON
Address	2908 19TH STREET SW
City-State-Zip:	LEHIGH ACRES FL 33976

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: JUNIE BEAUCLOCHE

PRESIDENT

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date