

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000150988

**Entity Name:** FRUIT BOX, LLC**Current Principal Place of Business:**10630 NW 123RD STREET RD  
UNIT 105  
MEDLEY, FL 33178**Current Mailing Address:**4256 FOX RIDGE DR  
WESTON, FL 33331**FEI Number:** 85-1370633**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KAROW DE FERNANDEZ, KATHE F  
4256 FOX RIDGE DR  
WESTON, FL 33331 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
Name	KAROW DE FERNANDEZ, KATHE F
Address	4256 FOX RIDGE DR
City-State-Zip:	WESTON FL 33331

Title	MBR
Name	KAROW, HECTOR H
Address	4256 FOX RIDGE DR
City-State-Zip:	WESTON FL 33331

Title	MBR
Name	KAROW, KATHERINE M
Address	4256 FOX RIDGE DR
City-State-Zip:	WESTON FL 33331

Title	AUTHORIZED MEMBER
Name	FERNANDEZ, THOMAS A
Address	4256 FOX RIDGE DR
City-State-Zip:	WESTON FL 33331

Title	MBR
Name	FERNANDEZ, ANDREA N
Address	4256 FOX RIDGE DR
City-State-Zip:	WESTON FL 33331

*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:** KATHE KAROW DE FERNANDEZ

MGR

01/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date