

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000211429

Entity Name: TRACEE TREATS LLC

Current Principal Place of Business:

1964 MOOREHOUSE RD
JACKSONVILLE, FL 32209

Current Mailing Address:

1964 MOOREHOUSE RD
JACKSONVILLE, FL 32209 US

FEI Number: 81-4541538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRACEE, WILLIAMS N
1964 MOOREHOUSE RD
JACKSONVILLE, FL 32209 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 WILLIAMS, TRACEE N
Address 1964 MOOREHOUSE RD
City-State-Zip: JACKSONVILLE FL 32209

Title MGR
Name JONES, KYIA
Address 447 JAX ESTATES DR S
City-State-Zip: JACKSONVILLE FL 32218

Title AMBR
Name DIXON, LATOYA
Address 104 KING STREET
City-State-Zip: JAX FL 32204

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: TRACEE NICOLE WILLIAMS

MANGER

04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date