## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000244923

Entity Name: TASTE INFUSION LLC

**Current Principal Place of Business:** 

4507 SW WABASH ST

PORT SAINT LUCIE. FL 34953

**Current Mailing Address:** 

4507 SW WABASH ST

PORT SAINT LUCIE. FL 34953 US

FEI Number: 85-2466685 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KISTNER, KEVIN ANTHONY 4507 SW WABASH ST PORT SAINT LUCIE, FL 34953 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: KEVIN KISTNER 02/06/2025

Electronic Signature of Registered Agent

Date

FILED Feb 06, 2025

**Secretary of State** 

5824510019CC

Authorized Person(s) Detail:

Title MANAGER

Name KISTNER, KEVIN ANTHONY
Address 4507 SW WABASH ST

City-State-Zip: PORT SAINT LUCIE FL 34953

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: KEVIN KISTNER MANAGER.