

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000027067

**Entity Name:** LIQUORSPLIT HOLDINGS LLC

**Current Principal Place of Business:**

1172 S. DIXIE HWY #286  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 S. DIXIE HWY #286  
CORAL GABLES, FL 33146 US

**FEI Number: 86-1798439**

**Certificate of Status Desired: Yes**

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

GREENSPOON MARDER LLP  
200 E. BROWARD BLVD STE 1800  
FORT LAUDERDALE, FL 33301 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 BRUCE, RUSSEL MATTHEW  
Address 1172 S. DIXIE HWY #286  
City-State-Zip: CORAL GABLES FL 33146

*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: RUSSELL BRUCE**

**CEO**

**01/05/2023**

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

\_\_\_\_\_  
Date