

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000274208

**Entity Name:** MOE'S KITCHEN, LLC

**Current Principal Place of Business:**

1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142

**Current Mailing Address:**

1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142 CC

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ST. LOUIS, MONIQUE  
1842 FARM WORKERS WAY  
IMMOKALEE, FL 34142 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 ST. LOUIS, MONIQUE  
Address 1842 FARM WORKERS WAY  
City-State-Zip: IMMOKALEE FL 34142

*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:** MONIQUE ST. LOUIS

**MANAGER**

**04/29/2023**

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

\_\_\_\_\_  
Date