

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000188260

**Entity Name:** 12FOLD VENTURES LLC

**Current Principal Place of Business:**

4969 CASABA PL  
ORLANDO, FL 32812

**Current Mailing Address:**

PO BOX 531024  
ORLANDO, FL 32853 US

**FEI Number:** 88-2214615

**Certificate of Status Desired:** No

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

REGALA, CHONA  
4969 CASABA PL  
ORLANDO, FL 32812 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	AMBR	Title	AMBR
Name	REGALA, CHONA	Name	REGALA, RAMONCHITO
Address	4969 CASABA PL	Address	4969 CASABA PL
City-State-Zip:	ORLANDO FL 32812	City-State-Zip:	ORLANDO FL 32812

*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:** CHONA REGALA

**OWNER/MANAGER**

**03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date