## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000418778

Entity Name: KIA'S SWEETS AND TREATS LLC

**Current Principal Place of Business:** 

612 NORTH 4TH ST HAINES CITY, FL 33844

**Current Mailing Address:** 

612 NORTH 4TH ST HAINES CITY. FL 33844 US

FEI Number: 92-3487633 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOSKEY, EDITH 612 NORTH 4TH ST HAINES CITY, FL 33844 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

**FILED** May 01, 2025

**Secretary of State** 

7364483441CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name HOSKEY, EDITH Address 612 NORTH 4TH ST City-State-Zip: HAINES CITY FL 33844

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: EDITH HOSKEY

Electronic Signature of Signing Authorized Person(s) Detail