

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000063622

Entity Name: FII TREATS LLC

Current Principal Place of Business:

1937 WEST 4TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

1937 WEST 4TH STREET
JACKSONVILLE, FL 32209

FEI Number: 92-2320813

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702 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: DAVID ROBERTS

02/11/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name JACKSON, PHONECIA L
Address 9329 DANVILLE AVE
City-State-Zip: JACKSONVILLE FL 32208

Title MGR
Name MINCEY, DEXTER D
Address 4204 CARROLL
City-State-Zip: JACKSONVILLE FL 32209

Title MGR
Name HARDY, ADOINCA A
Address 7932 PIPIT AVENUE
City-State-Zip: JACKSONVILLE FL 32209

Title MGR
Name JACKSON, RONNIE R
Address 618 LINWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32206

Title MGR
Name BARNES, LASHANIQUE R
Address 618 LINWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32206

Title MGR
Name BARNES, ANTONIO D
Address 7932 PIPIT AVENUE
City-State-Zip: JACKSONVILLE FL 32209

Title AUTHORIZED MEMBER, MANAGER
Name JACKSON , SHARNEESE
Address 1937 WEST 4TH STREET
City-State-Zip: JACKSONVILLE FL 32209

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: SHARNEESE JACKSON

MANGER

02/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date