

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000248197

**Entity Name:** HEALTHY FROZEN BAG, LLC

**Current Principal Place of Business:**

17171 NW 94TH CT  
APT 212  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

17171 NW 94TH CT  
APT 212  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 20-8855211

**Certificate of Status Desired:** No

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

MOTA, ANA K  
17171 NW 94TH CT  
APT 212  
HIALEAH GARDENS, FL 33018 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:** ANA K MOTA

04/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MOTA ACOSTA, ANA K  
Address 4220 NW 107 AVE APT 228  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name RUIZ MOTA, PRINCESA S  
Address 4220 NW 107 AVE APT 2208  
City-State-Zip: DORAL FL 33178

*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:** MOTA ACOSTA ANA K

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date