

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000302618

**Entity Name:** ABERDEEN SMOOTHIE LLC

**Current Principal Place of Business:**

3735 LONGLEAF PKWY  
217  
ST.JOHNS, FL 32259

**Current Mailing Address:**

3735 LONGLEAF PKWY  
217  
ST.JOHNS, FL 32259 US

**FEI Number:** 93-2052364

**Certificate of Status Desired:** No

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

KITTELL, NICHOLE  
3735 LONGLEAF PKWY  
217  
ST.JOHNS, FL 32259 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 KITTELL, NICHOLE  
Address 3735 LONGLEAF PKWY  
City-State-Zip: ST.JOHNS FL 32259

Title MGR  
Name YOUNG, CRAIG  
Address 3735 LONGLEAF PKWY  
City-State-Zip: ST.JOHNS FL 32259

Title MGR  
Name YOUNG, JASON  
Address 3735 LONGLEAF PKWY  
City-State-Zip: ST.JOHNS FL 32259

Title MGR  
Name REMOTIQUE, STEVEN  
Address 3735 LONGLEAF PKWY  
City-State-Zip: ST.JOHNS FL 32259

Title MGR  
Name STULTZ, CHAD  
Address 3735 LONGLEAF PKWY  
City-State-Zip: ST.JOHNS FL 32259

*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:** CRAIG YOUNG

**OWNER**

**02/21/2024**

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

\_\_\_\_\_  
Date