

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000453907

**Entity Name:** O AND S CATERING LLC

**Current Principal Place of Business:**

4913 OLEANDER AVE  
FORT PIERCE, FL 34983

**Current Mailing Address:**

591 SOUTHWEST DWIGHT AVE  
PORT ST LUCIE, FL 34983

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ELLIOTT, STEPHANIE  
591 SOUTHWEST DWIGHT AVE  
PORT ST LUCIE, FL 34983 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	Title	MGR
Name	MULLINGS, ORAL	Name	ELLIOTT, STEPHANIE
Address	591 SOUTHWEST DWIGHT AVE	Address	591 SOUTHWEST DWIGHT AVE
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 34983

*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:** STEPHANIE ELLIOTT

**MGR**

**04/10/2024**

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

\_\_\_\_\_  
Date