

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000499940

**Entity Name:** LE BON GOUT LLC

**Current Principal Place of Business:**

1080 DEL LAGO CIR, SUITE 109  
FORT LAUDERDALE, FL 33313

**Current Mailing Address:**

1080 DEL LAGO CIR, SUITE 109  
FORT LAUDERDALE, FL 33313 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VOLTAIRE, ANNE-MONIQUE  
1080 DEL LAGO CIR APT 109  
SUNRISE, FL 33313 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:** VOLTAIRE ANNE-MONIQUE

04/23/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name VOLTAIRE, ANNE-MONIQUE  
Address 1919 E 36TH ST  
City-State-Zip: BROOKLYN NY 11234

Title AMBR  
Name VOLTAIRE, ANITA C  
Address 1080 DEL LAGO CIR, SUITE 109  
City-State-Zip: FORT LAUDERDALE FL 33313

*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:** ANITA VOLTAIRE

**MANAGING MEMBER**

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date