

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000343011

**Entity Name:** SANCHOS TREATS LLC

**Current Principal Place of Business:**

825 E COWBOY WAY  
SUITE 109  
LABELLE, FL 33935

**Current Mailing Address:**

PO BOX 2016  
CLEWSITON, FL 33440 US

**FEI Number:** 88-3825796

**Certificate of Status Desired:** Yes

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

MALDONADO, JOSE  
825 E COWBOY WAY  
SUITE 109  
LABELLE, FL 33935 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:** MALDONADO JOSE

01/17/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE

Name JOSE , MALDONADO

Address 825 E COWBOY WAY  
SUITE 109

City-State-Zip: LABELLE FL 33935

*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:** JOSE MALDONADO

**AUTHORIZED REP**

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date