

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119710

**Entity Name:** FESTIVE FOOD BRANDS LLC

**Current Principal Place of Business:**

10112 NW 87TH CT  
MEDLEY, FL 33178-1346

**Current Mailing Address:**

10112 NW 87TH CT  
MEDLEY, FL 33178-1346 US

**FEI Number:** 27-1889073

**Certificate of Status Desired:** No

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

MOHAMMED, RAVEEZ  
10112 NW 87TH CT  
MEDLEY, FL 33178-1346 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 MGRM  
Name MOHAMMED, AZAAD  
Address 10112 NW 87TH CT  
City-State-Zip: MEDLEY FL 33178-1346

Title MGRM  
Name MOHAMMED, CHANDRA  
Address 10112 NW 87TH CT  
City-State-Zip: MEDLEY FL 33178-1346

Title MGRM  
Name MOHAMMED, RAVEEZ  
Address 10112 NW 87TH CT  
City-State-Zip: MEDLEY FL 33178-1346

Title MGRM  
Name MOHAMMED, SIDIQUE  
Address 10112 NW 87TH CT  
City-State-Zip: MEDLEY FL 33178-1346

Title MGRM  
Name MOHAMMED, TERIQUE  
Address 10112 NW 87TH CT  
City-State-Zip: MEDLEY FL 33178-1346

*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:** RAVEEZ MOHAMMED

**MANAGER**

**03/25/2023**

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

\_\_\_\_\_  
Date