

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000090793

**Entity Name:** BNK STORES,LLC

**Current Principal Place of Business:**

11437 WATER OAK PLACE  
DAVIE , FL 33330

**Current Mailing Address:**

11437 WATER OAK PLACE  
DAVIE , FL 33330 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JAMAL, NABILA  
11437 WATER OAK PLACE  
DAVIE , FL 33330 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            PRESIDENT  
Name            JAMAL, NABILA  
Address        11437 WATER OAK PLACE  
City-State-Zip: DAVIE FL 33330

Title            PRESIDENT  
Name            JAMAL, NASIR  
Address        11437 WATER OAK PLACE  
City-State-Zip: DAVIE FL 33330

Title            PRESIDENT  
Name            NASIR , TALAL  
Address        11437 WATER OAK PLACE  
City-State-Zip: DAVIE FL 33330

Title            PRESIDENT  
Name            NASIR, ZIAD  
Address        11437 WATER OAK PLACE  
City-State-Zip: DAVIE FL 33330

Title            PRESIDENT  
Name            NASIR, KHIZAR  
Address        11437 WATER OAK PLACE  
City-State-Zip: DAVIE FL 33330

*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:** NABILA JAMAL

**PRESIDENT**

**07/12/2023**

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

\_\_\_\_\_  
Date