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: ASHRAF KHALIL

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: 336 9TH STREET NORTH

NAPLES.FL. FL 34102 US

FEI Number: 47-2749634

Name and Address of Current Registered Agent:

KHALIL, ASHRAF 336 9TH STREET NORTH NAPLES, FL 34102 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:	JRE: ASHRAF KHALIL				
	Electronic Signature of Registered Agent	Date			
Authorized Person(s) Detail :					
Title 0	OWNER	Title	MANAGER		
Name ł	KHALIL, ASHRAF	Name	KHALIL, YOUSSEF		
Address	336 9TH STREET NORTH	Address	336 9TH STREET NORTH		
City-State-Zip:	NAPLES,FL FL 34102	City-State-Zip:	NAPLES FL 34102		

OWNER

FILED Jan 24, 2024 Secretary of State 2002619237CC

Certificate of Status Desired: Yes

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000003388

336 9TH STREET NORTH NAPLES, FL, AL 34102

Entity Name: 0PA GREEK RESTAURANT LLC

Current Principal Place of Business: