| Certificate of Status Desired: No |
|--|
| |
| |
| istered agent, or both, in the State of Florida. |
| 04/27/2019 |
| Date |
| Date |
| Date |
| - |

Name

Address

City-State-Zip:

Current Principal Place of Business: 1500 S OCEAN BLVD APT 303 POMPANO BEACH. FL 33062

Entity Name: TAVAKOLI INTERNATIONAL LLC

Current Mailing Address:

DOCUMENT# L16000039135

1500 S OCEAN BLVD APT 303 POMPANO BEACH. FL 33062 US

FEI Number: 81-1641798

Nam

TAVAKOLI, SEYED

City-State-Zip: POMPANO BEACH FL 33062

1500 S OCEAN BLVD APT 303

Title Name

Address

| 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: SEYED TAVAKOLI

PRESIDENT

04/27/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 27, 2019 Secretary of State 8326311821CC

Certificate of Status Desired: No

MOGOLLON, MONICA

1500 S OCEAN BLVD APT 303

POMPANO BEACH FL 33062

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT