

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000119756

**Entity Name:** CB 402 LLC

**Current Principal Place of Business:**

9595 COLLINS AVE, 807N  
SURFSIDE, FL 33154

**Current Mailing Address:**

14350 NW 56TH CT  
UNIT 109  
MIAMI, FL 33054 US

**FEI Number:** 81-3070848

**Certificate of Status Desired:** No

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

GBS CONSULTANTS, INC.  
3350 SW 148TH AVENUE, SUITE 120  
MIRAMAR, FL 33027 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 MGR  
Name MAHMOUD, RAMIS  
Address 14350 NW 56TH CT  
UNIT 109  
City-State-Zip: MIAMI FL 33054

Title MGR  
Name MAHMOUD, DAYSI  
Address 14350 NW 56TH CT  
UNIT 109  
City-State-Zip: MIAMI FL 33054

Title MGR  
Name MAHMOUD, MILVIA  
Address 14350 NW 56TH CT  
UNIT 109  
City-State-Zip: MIAMI FL 33054

Title MGR  
Name MAHMOUD, KARIN  
Address 14350 NW 56TH CT  
UNIT 109  
City-State-Zip: MIAMI FL 33054

*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:** KARIN MAHMOUD

01/20/2022

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

\_\_\_\_\_  
Date