

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000119756

**Entity Name:** CB 402 LLC

**Current Principal Place of Business:**

9960 NW 116 WAY  
SUITE 4  
MEDLEY, FL 33178

**Current Mailing Address:**

9960 NW 116 WAY  
SUITE 4  
MEDLEY, FL 33178 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 9960 NW 116 WAY  
SUITE 4  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name MAHMOUD, DAYSI  
Address 9960 NW 116 WAY  
SUITE 4  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name MAHMOUD, MILVIA  
Address 9960 NW 116 WAY  
SUITE 4  
City-State-Zip: MEDLEY FL 33178

Title MGR  
Name MAHMOUD, KARIN  
Address 9960 NW 116 WAY  
SUITE 4  
City-State-Zip: MEDLEY FL 33178

*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

MS

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date