

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000206965

Entity Name: 88 ZEST, LLC**Current Principal Place of Business:**1719 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**Current Mailing Address:**1719 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US**FEI Number:** 37-1874195**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SRIUDOMSILP, PANIDA
1719 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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:** PANIDA SRIUDOMSILP

04/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CFO
Name RATTANACHAYABUN, SINEE
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title VP
Name SAPUTRA, IWAN
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title AUTHORIZED MEMBER
Name AKKARAKIJ, BOONRASEE
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title AUTHORIZED MEMBER
Name SIHAWONG, PHANICH
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT
Name SRIUDOMSILP, PANIDA
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title AUTHORIZED MEMBER
Name NORMAN, BENJAWAN
Address 1719 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE FL 33009

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: PANIDA SRIUDOMSILP

04/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date