

**2024 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

02/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title VP  
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

PRESIDENT

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date