

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000136750

**Entity Name:** AFROZAKS LLC

**Current Principal Place of Business:**

936 SW 1ST AVENUE, SUITE 340  
MIAMI, FL 33130

**Current Mailing Address:**

936 SW 1ST AVENUE, SUITE 340  
MIAMI, FL 33130 US

**FEI Number:** 30-1129067

**Certificate of Status Desired:** No

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

MDO CORPORATE SERVICES, LLC  
175 SW 7TH STREET, SUITE 1900  
MIAMI, FL 33130 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, PRESIDENT, TREASURER,  
SECRETARY  
Name JOHNSON, TRIXIE  
Address 936 SW 1ST AVENUE, SUITE 340  
City-State-Zip: MIAMI FL 33130

*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:** TRIXIE JOHNSON

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date