

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000161261

**Entity Name:** MOM'S RESTAURANT LLC

**Current Principal Place of Business:**

11900 N.NEBRASKA AVE  
#1  
TAMPA, FL 33612

**Current Mailing Address:**

11900 N.NEBRASKA AVE  
#1  
TAMPA, FL 33612

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MOM'S RESTAURANT LLC  
11900 N NEBRASKA AVE  
1  
TAMPA, FL 33612 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:** MARIE B JOSEPH

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name JOSEPH, MARIE B  
Address 11900 N.NEBRASKA AVE  
#1  
City-State-Zip: TAMPA FL 33612

*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:** MARIE JOSEPH

AUTHORIZED MEMBER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date