## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000170666

Entity Name: 4 MAJED'S, LLC

## Current Principal Place of Business:

9803 OLD ST. AUGUSTINE ROAD SUITE 1 JACKSONVILLE, FL 32257

# **Current Mailing Address:**

9803 OLD ST. AUGUSTINE ROAD SUITE 1 JACKSONVILLE, FL 32257 US

## FEI Number: 83-1225278

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

SPECTRUM REALTY SERVICES, LLC 9803 OLD ST. AUGUSTINE ROAD SUITE 1 JACKSONVILLE, FL 32257 US

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

| Authorized Person(s) Detail : |  |                 |  |
|-------------------------------|--|-----------------|--|
| Title                         | AMBR                                   | Title           | AMBR                                   |
| Name                          | HASSAN, MARC                           | Name            | HASSAN, SEAN                           |
| Address                       | 9803 OLD ST. AUGUSTINE ROAD<br>SUITE 1 | Address         | 9803 OLD ST. AUGUSTINE ROAD<br>SUITE 1 |
| City-State-Zip:               | JACKSONVILLE FL 32257                  | City-State-Zip: | JACKSONVILLE FL 32257                  |
| Title                         | AMBR                                   |                 |  |
| Name                          | HASSAN, ANDREW                         |                 |  |
| Address                       | 9803 OLD ST. AUGUSTINE ROAD<br>SUITE 1 |                 |  |
| City-State-Zip:               | JACKSONVILLE FL 32257                  |                 |  |

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: MARC HASSAN

AMBR

Date

Date

Electronic Signature of Signing Authorized Person(s) Detail