

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000266028

**Entity Name:** 420 BROWARD FESTIVAL LLC.**Current Principal Place of Business:**4611 S UNIVERSITY DR  
SUITE 215  
DAVIE, FL 33328-9998**Current Mailing Address:**4611 N UNIVERSITY DR  
SUITE 215  
DAVIE, FL 33328-9998 US**FEI Number:** 83-2513235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAJEEBH A. M. BEY  
4611 N UNIVERSITY DR  
SUITE 215  
DAVIE, FL 33328-9998 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:** NAJEEBAH BEY**03/27/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title TRUSTEE  
Name BEY, RESUL MEDINA MUHAMMAD  
Address 4611 S UNIVERSITY DR.  
SUITE 215  
City-State-Zip: DAVIE FL 33328

Title TRUSTEE  
Name BEY, RAOUL MEDINA  
Address 4611 S UNIVERSITY DR.  
SUITE 215  
City-State-Zip: DAVIE FL 33328-9998

Title TRUSTEE  
Name BEY, NAJEEBAH MEDINA  
Address 4611 N UNIVERSITY DR  
SUITE 215  
City-State-Zip: DAVIE FL 33328-9998

Title OWNER  
Name TAINO MOORE TRIBE FOREIGN  
EXPRESS TRUST  
Address 4611 S UNIVERSITY DR  
SUITE 215  
City-State-Zip: DAVIE FL 33328-9998

Title TRUSTEE  
Name MEDINA , RAOUL JR.  
Address 4611 N UNIVERSITY DR  
SUITE 215  
City-State-Zip: DAVIE FL 33328-9998

*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:** NAJEEBAH A. M. BEY**TRUSTEE****03/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date