

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000236209

**Entity Name:** LAW OFFICE OF ASHIRA MOHAMMED P.L.L.C

**Current Principal Place of Business:**

500 GULFSTREAM BLVD  
106  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

4891 SW 36TH CT  
HOLLYWOOD, FL 33023 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

MOHAMMED, ASHIRA A  
500 GULFSTREAM BLVD  
106  
DELRAY BEACH, FL 33483 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 MGRM  
Name MOHAMMED, ASHIRA A  
Address 500 GULFSTREAM BLVD 106  
City-State-Zip: DELRAY BEACH FL 33483

Title MGRM  
Name MOHAMMED, ASHIRA A  
Address 500 GULFSTREAM BLVD 106  
City-State-Zip: DELRAY BEACH FL 33483

*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: ASHIRA MOHAMMED**

**MGRM**

**03/09/2021**

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

\_\_\_\_\_  
Date