that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARSON JAMES

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 84-4153732

Name and Address of Current Registered Agent:

JAMES, SHELLY-ANN 1900 NW 49 STREET MIAMI, FL 33142 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JAMES, SHELLY-ANN	Name	JAMES, KARSON
Address	3360 SW DOUGLAS ROAD	Address	3360 SW DOUGLAS ROAD
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

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

MGR

Current Principal Place of Business:

3360 SW DOUGLAS ROAD MIAMI, FL 33133

Current Mailing Address:

1900 NW 49TH STREET MIAMI, FL 33142 US

FILED Apr 23, 2024 Secretary of State 9047854169CC

Date

Certificate of Status Desired: No

04/23/2024

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WEST GROVE FOOD ZONE RESTAURANT LLC

DOCUMENT# L19000298770