

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000098524

Entity Name: PIECC LLC**Current Principal Place of Business:**9216 HAYDEN RD
JACKSONVILLE, FL 32218**Current Mailing Address:**5704 NW 27TH PLACE
GAINESVILLE, FL 32606 US**FEI Number:** 85-1520705**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AHMED, SHAKIR
2230 NW 57 TER
GAINESVILLE, FL 32606 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	MGR
Name	ASAD, ADNAN
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	MGR
Name	ASAD, ANJUM
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	AMBR
Name	ASAD, SAVEELA
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	AMBR
Name	ASAD, SEHAR
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	AMBR
Name	ASAD, BABAR
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	AMBR
Name	ASAD, SHUMAILA
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	AMBR
Name	ASAD, SCELLINA
Address	5704 NW 27TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

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: ADNAN ASAD**MGR****04/30/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date