

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000244443

**Entity Name:** HESPOURI CAPITAL,LLC

**Current Principal Place of Business:**

12517 PARK AVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

PO BOX 621115  
ORLANDO, FL 32862

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MEMARPOURI, MEHRDAD  
12517 PARK AVE  
WINDERMERE, FL 34786 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:** MEHRDAD MEMARPOURI

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MEMARPOURI, MEHRDAD  
Address       PO BOX 621115  
City-State-Zip: ORLANDO FL 32862

Title           MANAGER  
Name           SAHRAIAN, HESAM  
Address       P.O. BOX 620623  
City-State-Zip: ORLANDO FL 32862

*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:** MEHRDAD MEMARPOURI

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date