

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000322211

Entity Name: MIDNIGHT HORSE LLC**Current Principal Place of Business:**455 S.W. 147TH AVENUE
207-2
PEMBROKE PINES, FL 33027**Current Mailing Address:**455 S.W. 147TH AVENUE
207-2
PEMBROKE PINES, FL 33027 US**FEI Number:** 85-3681919**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
36
ORLANDO, FL 32822 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	AMBR AND MANAGER
Name	COMMA, NIGEL N
Address	455 S.W. 147TH AVENUE #207-2
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR
Name	IMAM, KARIM
Address	455 S.W. 147TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR AND MANAGER
Name	MARCANO-COMMA, ANDRIA T
Address	455 S.W. 147TH AVENUE #207-2
City-State-Zip:	PEMBROKE PINES FL 33027

Title	AMBR
Name	HANKINS, ANTHONY
Address	455 S.W. 147TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33027

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: ANDRIA MARCANO-COMMA

AMBR AND MANAGER

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date