# 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

SIGNATURE: MAHNAZ ZAHEDI

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000067863

Entity Name: WESTON COFFEE 19, LLC

#### **Current Principal Place of Business:**

2575 GLADES CIRCLE STE 1 WESTON, FL 33327

# **Current Mailing Address:**

9170 W. STATE ROAD84 DAVIE, FL 33324

# FEI Number: 87-1242250

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

JAMES B LYON P.A. 7900 GLADES ROAD SUITE 435 BOCA RATON FL 33434 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:

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MOGHADDAM, MEHRDAD F	Name	ZAHEDI, MAHNAZ
Address	9170 W. STATE ROAD 84	Address	9170 W. STATE ROAD 84
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	DAVIE FL 33424

Electronic Signature of Registered Agent

that my name appears above, or on an attachment with all other like empowered. 03/26/2023 OWNER

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 26, 2023 Secretary of State 3216351090CC

Date

Date