

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000076434

**Entity Name:** MOMS PLACE FAMILY DINER LLC

**Current Principal Place of Business:**

1580 BELLEAIR RDG  
CLEARWATER, FL 33764

**Current Mailing Address:**

1580 BELLEAIR RDG  
CLEARWATER, FL 33764 US

**FEI Number:** 88-0931834

**Certificate of Status Desired:** No

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

HERNANDEZ, AFFINITY  
1580 BELLEAIR RDG  
CLEARWATER, FL 33764 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  
Name            HERNANDEZ, AFFINITY  
Address        1580 BELLEAIR RDG  
City-State-Zip: CLEARWATER FL 33764

Title            AMBR  
Name            HERNANDEZ, ANTONIO  
Address        450 FAIRWOOD AVE APT 126  
City-State-Zip: CLEARWATER FL 33759

*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:** AFFINITY HERNANDEZ

**OWNER**

**01/29/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date