## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000233072

Entity Name: TAINO MOORE TRIBE LLC

**Current Principal Place of Business:** 

4611 S UNIVERSITY DR

215

DAVIE, FL 33328

**Current Mailing Address:** 

4611 S UNIVERSITY DR

215

DAVIE, FL 33328

FEI Number: 88-2393696 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEY, NAJEEBAH A. M. 4611 S UNIVERSITY DR

215

DAVIE, FL 33328 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: NAJEEBAH A. M. BEY 03/28/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **TRUSTEE** Title TRUSTEE

Name MEDINA, RAOUL Name BEY, RAOUL M

4611 S UNIVERSITY DR 4611 SUNIVERSITY DR Address Address

City-State-Zip: DAVIE FL 33328-9998 City-State-Zip: DAVIE FL 33328

**TRUSTEE** Title **TRUSTEE** Title

Name BEY, ZAKIYAH E BEY, SALAH J Name

Address 4611 SUNIVERSITY DR Address 4611 S UNIVERSITY DR

City-State-Zip: DAVIE FL 33328 City-State-Zip: DAVIE FL 33328

Title **TRUSTEE** Title TRUSTEE

BEY. RESUL M. M. Name Name BEY, NAJEEBAH A. M. Address

4611 S UNIVERSITY DR Address 4611 S UNIVERSITY DR

City-State-Zip: DAVIE FL 33328

City-State-Zip: DAVIE FL 33328-9998

Title **OWNER** 

TAINO MOORE TRIBE FOREIGN Name

**EXPRESS TRUST** 

Address 4611 S UNIVERSITY DR

215

City-State-Zip: DAVIE FL 33328

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.

03/28/2024 SIGNATURE: BEY RESUL M.M. TRUSTEE

**FILED** Mar 28, 2024

**Secretary of State** 

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