

2023 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:** Yes**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

02/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MANAGER
Name MEDINA, RAOUL
Address 4611 S UNIVERSITY DR
City-State-Zip: DAVIE FL 33328-9998Title (TTEE)
Name BEY, RAOUL M
Address 4611 SUNIVERSITY DR
City-State-Zip: DAVIE FL 33328Title (TTEE)
Name BEY, SALAH J
Address 4611 S UNIVERSITY DR
City-State-Zip: DAVIE FL 33328Title (TTEE)
Name BEY, ZAKIYAH E
Address 4611 SUNIVERSITY DR
City-State-Zip: DAVIE FL 33328Title (TTEE)
Name BEY, NAJEEBAH A. M.
Address 4611 S UNIVERSITY DR
City-State-Zip: DAVIE FL 33328Title (TTEE)
Name BEY, RESUL M. M.
Address 4611 S UNIVERSITY DR
215
City-State-Zip: DAVIE FL 33328-9998Title OWNER
Name TAINO MOORE TRIBE F.E.T
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.

SIGNATURE: RAOUL MEDINA

MANAGER

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date