

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000380180

**Entity Name:** MOM'S RIGHT HAND, LLC

**Current Principal Place of Business:**

8551 SW 207TH TERRACE  
CUTLER BAY, FL 33189

**Current Mailing Address:**

8551 SW 207TH TERRACE  
CUTLER BAY, FL 33189

**FEI Number: 88-4057423**

**Certificate of Status Desired: No**

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

MALCOLM, ROSALIND  
8551 SW 207TH TERRACE  
CUTLER BAY, FL 33189 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 MGR

Name MALCOLM, ROSALIND

Address 8551 SW 207 TERR

City-State-Zip: CUTLER BAY FL 33189

*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: ROSALIND MALCOLM**

**OWNER**

**01/24/2023**

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

\_\_\_\_\_  
Date