

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000485060

**Entity Name:** BANH MI FACTORY US LLC

**Current Principal Place of Business:**

7130 BIG BEND RD  
106,107  
GIBSONTON, FL 33534

**Current Mailing Address:**

10032 VICTORY GALLOP LOOP  
RUSKIN, FL 33573

**FEI Number:** 92-1759129

**Certificate of Status Desired:** No

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

TRAN, LANGDON  
10032 VICTORY GALLOP LOOP  
RUSKIN, FL 33573 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            CEO  
Name            TRAN, LANGDON Q  
Address        7130 BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

Title            CFO  
Name            NGUYEN, HA  
Address        7130 BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

Title            CTO  
Name            VO, VU H  
Address        7130 BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

Title            MP  
Name            NGUYEN, AN  
Address        7130 BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

Title            MP  
Name            VO, PHONG  
Address        7130 BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

Title            MP  
Name            NGUYEN , AN  
Address        7130 BIG BEND RD  
106,107  
City-State-Zip: GIBSONTON FL 33534

*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:** TAN NGUYEN

**ACCOUNTANT**

**05/01/2024**

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

\_\_\_\_\_  
Date