

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000299449

**Entity Name:** PORT FOOD MART LLC

**Current Principal Place of Business:**

6501 W HILLSBOROUGH AVE  
TAMPA, FL 33634

**Current Mailing Address:**

6501 W HILLSBOROUGH AVE  
TAMPA, FL 33634 US

**FEI Number:** 93-1637438

**Certificate of Status Desired:** No

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

QUORISHI, ZAVED I  
6501 W HILLSBOROUGH AVE  
TAMPA, FL 33634 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 QUORISHI, ZAVED I  
Address 6836 ALTIERS ESTATES CT  
City-State-Zip: TAMPA FL 33610

Title MGR  
Name ANIK, MD RAHAT ISLAM  
Address 6501 W HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33634

*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:** ZAVED I QUORISHI

**MGR**

**04/25/2024**

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

\_\_\_\_\_  
Date