

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000410149

**Entity Name:** FIGA4MAFIA LLC

**Current Principal Place of Business:**

1867 SW IMPORT DR  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

1867 SW IMPORT DR  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 99-2290266

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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            AMBR  
Name            GRIFFITH, XAVIER  
Address        1867 SW IMPORT DR  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            AMBR  
Name            GRIFFITH CHRISTIAN, LEVI  
Address        1867 SW IMPORT DR  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            AMBR  
Name            GRIFFITH, XAIRON  
Address        1867 SW IMPORT DR  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title            AMBR  
Name            EDWARDS, ISAIAH  
Address        17 VALLEY LAKE PLACE APT J  
City-State-Zip: COCKEYSVILLE MD 21030

*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:** XAVIER GRIFFITH

**04/29/2024**

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

\_\_\_\_\_  
Date