

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000003866

**Entity Name:** MOMMA KNOWS BEST, AI TECH SOLUTIONS, LLC

**Current Principal Place of Business:**

1200 RIVERPLACE BLVD, SUITE 105  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1200 RIVERPLACE BLVD, SUITE 105  
JACKSONVILLE, FL 32207 US

**FEI Number:** 99-0529590

**Certificate of Status Desired:** No

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

MAXWELL, KENYATTA  
1200 RIVERPLACE BLVD, SUITE 105  
JACKSONVILLE, FL 32207 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            MAXWELL BLAKE, KENYATTA  
Address        GALLOWAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title            CTO  
Name            BLAKE, CHRISTOPHER  
Address        1200 RIVERPLACE BLVD, SUITE 105  
City-State-Zip: JACKSONVILLE FL 32207

Title            AP  
Name            SONIA, GREER  
Address        GALLOWAY DR  
City-State-Zip: JACKSONVILLE, FL 32219 FL 32219

*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:** KENYATTA MAXWELL BLAKE

**FOUNDER**

**04/17/2024**

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

\_\_\_\_\_  
Date