

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # L06000092459

1. Entity Name

1st American Food, LLC



11 MAY 24 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1735 NE 142 ST

Suite, Apt. #, ect.

3. Mailing Address

1735 NE 142 ST

Suite, Apt. #, ect.

CR2E083B (1/11)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

DAWOOD AKHTAR

Street Address (P.O. Box Number is Not Acceptable)

1735 NE 142 ST

City

MIAMI

FL

Zip Code

33181

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

5/19/11

DATE

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

DAWOOD@AMBGROUP.US

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP.
DAWOOD AKHTAR
1735 NE 142 ST
MIAMI, FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

10.

100207202481

05/04/11-01011-024 **150.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone#

5/19/11 7862297861