| | | | Certifica | |
|--|---|-----------------------------|-------------------|--|
| ame and A | ddress of Current Registered Agent: | | | |
| HAHA, IMRAN 1301 S ORANG UITE A104 RLANDO, FL | SE BLOSSOM TRAIL | | | |
| he above named | entity submits this statement for the purpose of changing | its registered office or re | gistered agent, o | |
| IGNATURE | : IMRAN SHAHA | | | |
| | Electronic Signature of Registered Agent | | | |
| uthorized F | Person(s) Detail : | | | |
| itle | AUTHORIZED MEMBER, PRESIDENT | Title | AUTHORIZ | |
| ame | SHAHA, IMRAN R | Name | MIAH, FAI | |
| ddress | 14930 LAKE AZURE DRIVE | Address | 14930 I Ak | |

Current Mailing Address:

ORLANDO, FL 32837

Entity Name: MIAHENTERPRISES LLC

Current Principal Place of Business: 11301 SOUTH ORANGE BLOSOM TRAIL SUITE 104

11301 SOUTH ORANGE BLOSOM TRAIL SUITE 104 ORLANDO, FL 32837

FEI Number: 27-1225342

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The or both, in the State of Florida.

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: IMRAN SHAHA OWNER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 28, 2023 Secretary of State 9155054779CC

Certificate of Status Desired: No

Date

04/28/2023 Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L09000105304

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| Title | AUTHORIZED MEMBER, PRESIDENT | Title | AUTHORIZED MEMBER, MANAGER | |
|-----------------|------------------------------|-----------------|----------------------------|--|
| Name | SHAHA, IMRAN R | Name | MIAH, FAISAL | |
| Address | 14930 LAKE AZURE DRIVE | Address | 14930 LAKE AZURE DRIVE | |
| City-State-Zip: | ORLANDO FL 32824 | City-State-Zip: | ORLANDO FL 32824 | |
| | | | | |
| Title | AUTHORIZED MEMBER | | | |
| Name | MIAH, MOHAMMED SHAHA JAMAL | | | |
| Address | 13009 PRAIRIE MEADOWS DRIVE | | | |
| City-State-Zip: | ORLANDO FL 32837 | | | |
| | | | | |

04/28/2023