

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000156020

**Entity Name:** AHMED ZAKI LLC

**Current Principal Place of Business:**

7454 SW 48TH STREET  
MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 430111  
MIAMI, FL 33243

**FEI Number:** 30-0843302

**Certificate of Status Desired:** No

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

ZAKI, AHMED  
7454 SW 48TH ST  
MIAMI, FL 33155 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            ZAKI, AHMED  
Address        PO BOX 430111  
City-State-Zip: MIAMI FL 33243

*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:** AHMED ZAKI

**PRESIDENT**

**02/20/2024**

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

\_\_\_\_\_ Date