

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000091910

**Entity Name:** WILLIAM & SONS OF ST. PETE, LLC

**Current Principal Place of Business:**

9655 4TH STREET N  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

495 BRICKELL AVE.  
SUITE 5507  
MIAMI, FL 33131 US

**FEI Number:** 47-4263564

**Certificate of Status Desired:** No

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

FAKHIR, GEORGE  
495 BRICKELL AVE.  
SUITE 5507  
MIAMI, FL 33131 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 FAKHIR 12.5%, GEORGE  
Address 495 BRICKELL AVE., SUITE 5507  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name FAKHIR 12.5%, ANDREW  
Address 495 BRICKELL AVE., SUITE 5507  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name FAKHIR 12.5%, ROBERT  
Address 495 BRICKELL AVE., SUITE 5507  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name FAKHIR 12.5%, MICHEL  
Address 495 BRICKELL AVE., SUITE 5507  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name JOTAM USA (OFF-SHORE)SAL 25%  
Address 495 BRICKELL AVE.  
SUITE 5507  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name MJM-FARGO-OFFSHORE (S.A.L.) 25%  
Address 495 BRICKELL AVE., SUITE 5507  
City-State-Zip: MIAMI FL 33131

*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:** GEORGE FAKHIR

**AGENT**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date