

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000045518

**Entity Name:** MONAMI LLC

**Current Principal Place of Business:**

866 PIPERS CAY DR  
WEST PALMBEACH, FL 33415

**Current Mailing Address:**

866 PIPERS CAY DR  
WEST PALMBEACH, FL 33415

**FEI Number:** 81-1746856

**Certificate of Status Desired:** No

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

MAHFUZUR RAHMAN, NASREEN  
866 PIPERS CAY DR.  
WEST PALMBEACH, FL 33415 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 MGR  
Name MAHFUZUR RAHMAN, NASREEN  
Address 866 PIPERS CAY DR.  
City-State-Zip: WEST PALMBEACH FL 33415

Title MGR  
Name MAHFUZUR RAHMAN, MOHAMMED  
Address 866 PIPERS CAY DR.  
City-State-Zip: WEST PALM BEACH FL 33415

Title MEMBER  
Name RAHMAN, OMAR FAROQUE  
Address 866 PIPERS CAY DR  
City-State-Zip: WEST PALMBEACH FL 33415

Title MEMBER  
Name SAQEBUR RAHMAN, AYESHA  
NAJMUS  
Address 866 PIPERS CAY DR  
City-State-Zip: WEST PALMBEACH FL 33415

*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:** OMAR RAHMAN

**MANAGER**

**01/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date