

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000052171

**FILED**  
**Jan 30, 2024**  
**Secretary of State**  
**5545459056CC**

**Entity Name:** MOCHA FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

13855 NW 23 AVENUE  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

P.O.BOX 473201  
MIAMI, FL 33247-3211 US

**FEI Number:** 82-0688184

**Certificate of Status Desired:** No

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

DIXON, CYNTHIA  
13855 NW 23 AVENUE  
OPA-LOCKA, FL 33054 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            PRES  
Name            GORDON, WILLIE G SR  
Address        2405 WESTBERRY COURT  
City-State-Zip: STATESBORO GA 30458

Title            V P  
Name            DIXON, CYNTHIA  
Address        13855 NW 23 AVENUE  
City-State-Zip: OPA-LOCKA FL 33054

Title            ADMINISTRATOR  
Name            HILL, AMBER JONETTA  
Address        13855 NW 23 AVENUE  
City-State-Zip: OPA-LOCKA FL 33054

*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:** CYNTHIA DIXON

VP

01/30/2024

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

\_\_\_\_\_  
Date