

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000008290

**Entity Name:** AMIFA, LLC

**Current Principal Place of Business:**

2799 KINSINGTON CIR  
WESTON, FL 33332

**Current Mailing Address:**

2799 KINSINGTON CIR  
WESTON, FL 33332 US

**FEI Number:** 98-1380237

**Certificate of Status Desired:** No

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

FADEL, HABIB  
2799 KINSINGTON CIR  
WESTON, FL 33332 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	Title	MGR
Name	FADEL, HABIB	Name	FADEL, SALOMON E
Address	2799 KINSINGTON CIR	Address	999 NAUTICA DR
City-State-Zip:	WESTON FL 33332	City-State-Zip:	WESTON FL 33327

*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:** HABIB J FADEL

**MGR**

**03/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date