

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000185603

**Entity Name:** HABBIE ENTERPRISE LLC

**Current Principal Place of Business:**

4501 NE 15 AVE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4501 NE 15 AVE  
POMPANO BEACH, FL 33064

**FEI Number:** 85-1957186

**Certificate of Status Desired:** No

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

LOWE-CHIN, CAROL  
20201 NW 9TH DRIVE  
PEMBROKE PINES, FL 33029 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 LOWE-CHIN, TYRONE T  
Address 4501 NE 15 AVE  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name LOWE-CHIN, SHANIEL N  
Address 4501 NE 15 AVE  
City-State-Zip: POMPANO BEACH FL 33064

*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:** TYRONE LOWE-CHIN

**MANAGER**

**04/12/2023**

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

\_\_\_\_\_  
Date