

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000008844

**Entity Name:** ABDUL-RAHMAN MATEEN SHABAZZ EXPRESS TRUST ENTERPRISE, LLC

**Current Principal Place of Business:**

14050 INTEGRA DRIVE, APT 343  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

6501 ARLINGTON EXPRESSWAY,  
B105 #2054  
JACKSONVILLE, FL 32211 US

**FEI Number:** 87-2853265

**Certificate of Status Desired:** Yes

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

SHABAZZ, CARLI B  
14050 INTEGRA DRIVE, APT 343  
JACKSONVILLE, FL 32218 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	Title	AMBR
Name	ABDUL-RAHMAN MATEEN SHABAZZ EXPRESS TRUST	Name	CARLI BROOKE SHABAZZ EXPRESS TRUST
Address	6501 ARLINGTON EXPRESSWAY B105 2054	Address	14050 INTEGRA DRIVE, APT 343
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	JACKSONVILLE FL 32218

*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:** CARLI B. SHABAZZ

**OWNER**

**04/22/2023**

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

\_\_\_\_\_  
Date