

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000128518

**Entity Name:** AMINA LEYLANI LLC

**Current Principal Place of Business:**

3309 DILLON ST  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

3309 DILLON ST  
JACKSONVILLE, FL 32254 US

**FEI Number:** 88-1510202

**Certificate of Status Desired:** Yes

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

JOHNSON, KENNOSHIA  
3309 DILLON STREET  
JACKSONVILLE , FL 32254 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:** KENNOSHIA JOHNSON

02/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            JOHNSON, KENNOSHIA  
Address        3309 DILLON ST  
City-State-Zip: JACKSONVILLE FL 32254

*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:** KENNOSHIA JOHNSON

AMBR

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date