

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000257383

**Entity Name:** SOFLOMODS, LLC

**Current Principal Place of Business:**

214 MARGATE CT  
BAY 1  
MARGATE, FL 33063

**FILED**  
**Apr 25, 2023**  
**Secretary of State**  
**7358488275CC**

**Current Mailing Address:**

214 MARGATE CT  
BAY 1  
MARGATE, FL 33063

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

TAREQ, ASEQUE  
214 MARGATE CT  
BAY 1  
MARGATE, FL 33063 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  
Name            MAHMUD, TANVIR  
Address        5665 NW 106TH WAY  
City-State-Zip: CORAL SPRINGS FL 33076

Title            AMBR  
Name            KAMAL, AKM MUSTAFA  
Address        7113 HAWKS NEST, TER  
City-State-Zip: RIVIERA BEACH FL 33407

Title            AMBR  
Name            TAREQ, ASEQUE  
Address        214 MARGATE CT  
City-State-Zip: MARGATE FL 33063

Title            MGR  
Name            REYES, ARIEL  
Address        6401 SW 17TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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: ASEQUE TAREQ**

**OWNER**

**04/25/2023**

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

\_\_\_\_\_  
Date