# 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: KHABEER, KAMAL

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33167

### **Current Mailing Address:**

2495 NW 111TH STREET

DOCUMENT# L22000391457

**Current Principal Place of Business:** 

2495 NW 111TH STREET MIAMI. FL 33167

### FEI Number: 92-2097064

### Name and Address of Current Registered Agent:

THOMPSON, CLEAVON I 1275 NW 81ST STREET MIAMI, FL 33147 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	KHABEER, ABDULLAH	Name	KHABEER, KAMAL
Address	1423 CORNELIA AVE	Address	3177 KINGFISHER DR
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	DECATUR GA 30034

AMBR

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: KUZZIN'S CUSTOM REPAIR GROUP LLC

## FILED May 01, 2023 Secretary of State 6051879777CC

Certificate of Status Desired: Yes

Date

05/01/2023 Date