

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000516525

**Entity Name:** TOKE BOX LLC

**Current Principal Place of Business:**

1800 NE 114 ST  
APT 2010  
MIAMI, FL 33181

**Current Mailing Address:**

1800 NE 114 ST  
APT 2010  
MIAMI, FL 33181 US

**FEI Number:** 92-1306925

**Certificate of Status Desired:** No

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

NAHMANI, ROEE  
1800 NE 114 ST  
APT 2010  
MIAMI, FL 33181 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 NAHMANI, ROEE  
Address 1800 NE 114 ST  
City-State-Zip: APT 2010 FL 33181

*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:** ROEE NAHMANI

AMBR

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date