

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000245056

**Entity Name:** MOHAMMAD GANI LLC

**Current Principal Place of Business:**

2010 NE 182 PL  
CITRA, FL 32113

**Current Mailing Address:**

2010 NE 182 PL  
CITRA, FL 32113 US

**FEI Number:** 61-2095298

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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, CHAIRMAN  
Name            GANI, MOHAMMAD  
Address        KHADAK-3, BANARJHULA, SAPTARI  
City-State-Zip: KHADAK MADHESH 56414

*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:** MOHAMMAD GANI

MOHAMMAD GANI

04/26/2024

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

\_\_\_\_\_ Date