

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000120182

**Entity Name:** AMAWAL LLC

**Current Principal Place of Business:**

10050 SHADOW CREEK DR  
ORLANDO, FL 32832

**Current Mailing Address:**

10050 SHADOW CREEK DR  
ORLANDO, FL 32832 US

**FEI Number:** 99-1930636

**Certificate of Status Desired:** No

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

MOON, SANDY  
10050 SHADOW CREEK DR  
ORLANDO, FL 32832 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	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	MOON, SANDY	Name	MOON, DRISS
Address	10050 SHADOW CREEK DR	Address	10050 SHADOW CREEK DR
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32832

Title AUTHORIZED REPRESENTATIVE  
 Name MOON, OMAR D  
 Address 10050 SHADOW CREEK DR  
 City-State-Zip: ORLANDO FL 32832

*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:** SANDY MOON

**PRESIDENT**

**03/17/2026**

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

\_\_\_\_\_  
Date