

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000017303

**Entity Name:** MAJESTIC EXPERIENCE AUTOS LLC

**Current Principal Place of Business:**

2378 ALI BABA AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2378 ALI BABA AVE  
OPA LOCKA, FL 33054

**FEI Number: 87-4478157**

**Certificate of Status Desired: Yes**

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

SIMON, ANDRE  
1526 SW 106 AVENUE  
PEMBROKE PINES, FL 33025 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	MGR
Name	SIMON, ANDRE
Address	1526 SW 106 AVENUE
City-State-Zip:	PEMBROKE PINES FL 33025

*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: ANDRE SIMON**

**MGR**

**04/29/2023**

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

\_\_\_\_\_  
Date