

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000121151

**Entity Name:** ALCHACORP, LLC

**Current Principal Place of Business:**

3323 NE 163 RD STREET,  
SUITE 501  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

3323 NE 163 RD STREET,  
SUITE 501  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number:** 35-2484757

**Certificate of Status Desired:** No

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

ALFONSO, SOUED  
3323 NE 163RD STREET  
SUITE 501  
NORTH MIAMI BEACH, FL 33160 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	AUTHORIZED MEMBER	Title	MGRM
Name	BELAICH DIT SAYEGH, CHARLES	Name	SOUED, ALFONSO
Address	3323 NE 163RD STREET SUITE 501	Address	3323 NE 163RD STREET SUITE 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160	City-State-Zip:	NORTH MIAMI BEACH FL 33160

  

Title	AUTHORIZED MEMBER
Name	FREWA SOUED, SEMHA
Address	3323 NE 163 RD STREET, SUITE 501
City-State-Zip:	NORTH MIAMI BEACH FL 33160

*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:** ALFONSO SOUED

**MANAGER**

**03/01/2023**

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