

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000039130

Entity Name: ALEDANY, LLC**Current Principal Place of Business:**12655 NW 32 PLACE
SUNRISE, FL 33323**Current Mailing Address:**12655 NW 32 PLACE
SUNRISE, FL 33323 US**FEI Number:** 36-4780484**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ODREMAN, GREGORY E
12655 NW 32 PLACE
SUNRISE, FL 33323 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 | ODREMAN, GREGORY E |
| Address | 12655 NW 32 PLACE |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|-------------------|
| Title | MGR |
| Name | GONZALEZ, MARIA A |
| Address | 12655 NW 32 PLACE |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | ODREMAN, ALEJANDRO E |
| Address | 12655 NW 32 PLACE |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|-------------------|
| Title | MGR |
| Name | ODREMAN, DANIELA |
| Address | 12655 NW 32 PLACE |
| City-State-Zip: | SUNRISE FL 33323 |

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: ODREMAN , GREGORY E

MGR

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date