

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000189460

Entity Name: ALETIN VENTURES LLC

Current Principal Place of Business:

4645 S CLYDE MORRIS BLVD
SUITE 409
PORT ORANGE, FL 32129

Current Mailing Address:

4645 S CLYDE MORRIS BLVD
SUITE 409
PORT ORANGE, FL 32129 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXIOU, FONTENIE
4645 S CLYDE MORRIS BLVD
SUITE 409
PORT ORANGE, FL 32129 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: FONTENIE ALEXIOU

01/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name ALEXIOU, FONTENIE
Address 4645 S CLYDE MORRIS BLVD
SUITE 409
City-State-Zip: PORT ORANGE FL 32129

Title AMBR
Name ALEXIOU, TINA
Address 4645 S CLYDE MORRIS BLVD
SUITE 409
City-State-Zip: PORT ORANGE FL 32129

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: FONTENIE ALEXIOU

PRESIDENT

01/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date