

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098353

**Entity Name:** ALYKAY FITNESS IV, LLC

**Current Principal Place of Business:**

4495 FURLING LANE  
DESTIN, FL 32541

**Current Mailing Address:**

9017 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RIVAS, FRANCISCO J  
9017 BISCAYNE BLVD  
MIAMI SHORES, FL 33138 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 RIVAS, FRANCISCO J  
Address 9017 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name HERNANDEZ, REINALDO D  
Address 9017 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name HERNANDEZ, ALINA M  
Address 9017 BISCAYNE BLVD  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name VELEZ, YAMIL ISMAEL  
Address 13000 NW 45TH AVE  
City-State-Zip: OPA LOCKA FL 33054

*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:** YAMIL ISMAEL VELEZ

MGR

04/30/2024

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

\_\_\_\_\_ Date