## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000196127

**Entity Name: AVALON INCORPORATORS LLC** 

**Current Principal Place of Business:** 

2020 PONCE DE LEON 904

CORAL GABLES, FL 33134

**Current Mailing Address:** 

2020 PONCE DE LEON 904

CORAL GABLES, FL 33134 US

FEI Number: 81-4381485 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSE VALERIO ALFARO, JUAN 2020 PONCE DE LEON 904 CORAL GABLES, FL 33134 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

**FILED** Mar 24, 2025

**Secretary of State** 

6549832112CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name JOSE VALERIO ALFARO, JUAN 2020 PONCE DE LEON BLVD SUITE Address

City-State-Zip: CORAL GABLES FL 33134

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOSE VALERIO ALFARO, JUAN

**AMBR** 

03/24/2025

Date