

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000231204

**Entity Name:** 5206 ALONSO LLC

**Current Principal Place of Business:**

8851 NW 119 ST  
5206  
HIALEAH, FL 33016

**Current Mailing Address:**

16343 NW 77 TH PATH  
MIAMI LAKES, FL 33016 US

**FEI Number:** 83-2437894

**Certificate of Status Desired:** No

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

ALONSO, MAIDA  
8851 NW 119 ST  
5206  
HIALEAH, FL 33018 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 ALONSO, MAIDA  
Address 8851 NW 119 ST APT 5206  
City-State-Zip: HIALEAH FL 33018

*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:** MAIDA ALONSO

MGR

01/08/2024

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

\_\_\_\_\_  
Date