

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000245126

**Entity Name:** ALUNA ENTERPRISES, LLC**Current Principal Place of Business:**2631-A NW 41ST STREET  
GAINESVILLE, FL 32606**Current Mailing Address:**2253 KINGS GARDEN WAY  
FALLS CHURCH, VA 22043 US**FEI Number:** 83-2285790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTANTS AND BUSINESS ADVISORS, LLC  
2631-A NW 41ST STREET  
GAINESVILLE, FL 32606 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           | AMBR                     |
| Name            | BOTERO-NICHOLAS, VIVIANA |
| Address         | 2253 KINGS GARDEN WAY    |
| City-State-Zip: | FALLS CHURCH VA 22043    |

|                 |                       |
|-----------------|-----------------------|
| Title           | MBR                   |
| Name            | NICHOLAS, DAVID       |
| Address         | 2253 KINGS GARDEN WAY |
| City-State-Zip: | FALLS CHURCH VA 22043 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MBR                   |
| Name            | NICHOLAS, SOFIA       |
| Address         | 2253 KINGS GARDEN WAY |
| City-State-Zip: | FALLS CHURCH VA 22043 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MBR                   |
| Name            | NICHOLAS, ANNA        |
| Address         | 2253 KINGS GARDEN WAY |
| City-State-Zip: | FALLS CHURCH VA 22043 |

*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:** VIVIANNA BOTERO-NICHOLAS

AMBR

02/04/2020

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