

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000017070

Entity Name: ALCAMO LLC**Current Principal Place of Business:**1945 S OCEAN DR.
APT 508
HALLANDALE, FL 33009**Current Mailing Address:**1945 S OCEAN DR.
APT 508
HALLANDALE, FL 33009**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STABILE, SALVADOR S
1945 S OCEAN DR.
APT 508
HALLANDALE, FL 33009 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 STABILE, SALVADOR S
Address 1945 S OCEAN DR., APT 508
City-State-Zip: HALLANDALE FL 33009

Title AMBR
Name STABILE, LILIANA L
Address 1945 S OCEAN DR., APT 508
City-State-Zip: HALLANDALE FL 33009

Title AMBR
Name VARELA, ROSA R
Address 1945 S OCEAN DR.
City-State-Zip: APT 508 FL 33009

Title AMBR
Name STABILE, LUCIANO L
Address 1945 S OCEAN DR., APT 508
City-State-Zip: HALLANDALE FL 33009

Title AMBR
Name STABILE, CAROLINA C
Address 1945 S OCEAN DR., APT 508
City-State-Zip: HALLANDALE FL 33009

Title AR
Name MACCHIAVELLI, ANDREA A
Address 1945 S OCEAN DR. APT 508
City-State-Zip: HALLANDALE FL 33009

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: SALVADOR S. STABILE**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date