

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000009821

**Entity Name:** ALBA COLLECTIVE LLC

**Current Principal Place of Business:**

219 FARMBROOK RD  
PORT ORANGE, FL 32127

**Current Mailing Address:**

219 FARMBROOK RD  
PORT ORANGE, FL 32127 US

**FEI Number:** 86-1570720

**Certificate of Status Desired:** No

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

DANIELS-HAMPTON, LORENZO  
219 FARMBROOK RD  
PORT ORANGE, FL 32127 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 CINEMA DIRECTOR  
Name RIVERA, RICARDO  
Address 17 BUTTERNUT DR.  
City-State-Zip: PALM COAST FL 32137

Title CREATIVE DIRECTOR  
Name WESSEL, ELIZABETH  
Address 219 FARMBROOK RD  
City-State-Zip: PORT ORANGE FL 32127

Title CFO  
Name ARMOR, JAMES  
Address 669 GEORGE MILLER CIR  
City-State-Zip: PORT ORANGE FL 32127

Title CONTENT DIRECTOR  
Name COSTA, JOHN  
Address 33 CLEVELAND COURT  
City-State-Zip: PALM COAST FL 32137

Title MUSIC DIRECTOR  
Name STIELL, BRYCE  
Address 317 E MAIN ST  
City-State-Zip: TAVARES FL 32778

Title COO  
Name CRUZ, DANIELA  
Address 669 GEORGE MILLER CIR  
City-State-Zip: PORT ORANGE FL 32127

Title CEO  
Name DANIELS-HAMPTON, LORENZO  
Address 219 FARMBROOK RD  
City-State-Zip: PORT ORANGE FL 32127

*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:** LORENZO DANIELS-HAMPTON

CEO

01/11/2022

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

\_\_\_\_\_  
Date