

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000047935

**Entity Name:** MIAMI ALLIANCE, LLC

**Current Principal Place of Business:**

1895 TYLER ST  
STE 404  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1895 TYLER ST  
STE 404  
HOLLYWOOD, FL 33020 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SHAMAYEVLAW, P.A.  
1895 TYLER ST  
STE 404  
HOLLYWOOD, FL 33020 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	MBR
Name	SHAMAYEVLAW, P.A.
Address	1895 TYLER ST STE 404
City-State-Zip:	HOLLYWOOD FL 33020
Title	MBR
Name	FINCOM GROUP USA, INC
Address	1895 TYLER ST STE 404
City-State-Zip:	HOLLYWOOD FL 33020

Title	MBR
Name	VERA REALITY, LLC
Address	1895 TYLER ST STE 404
City-State-Zip:	HOLLYWOOD FL 33020

*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:** KRISTINA L POLYUSHKIN

MBR

08/06/2024

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

\_\_\_\_\_  
Date