

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000158929

**Entity Name:** ALPHAVILLE VI LLC

**Current Principal Place of Business:**

10 EDGEWATER DR  
APT 7E  
CORAL GABLES, FL 33133

**Current Mailing Address:**

10 EDGEWATER DR  
APT 7E  
CORAL GABLES, FL 33133 UN

**FEI Number:** 87-1998496

**Certificate of Status Desired:** No

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

STEIN, JORGE E  
10 EDGEWATER DR  
APT 7E  
CORAL GABLES, FL 33133 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 STEIN, JORGE E  
Address 10 EDGEWATER DR  
City-State-Zip: CORAL GABLES FL 33133

Title AP  
Name VILA RAFAELA LLC  
Address 3390 MARY ST.  
City-State-Zip: COCONUT GROVE FL 33133

*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:** JORGE STEIN

**AGENT**

**02/08/2024**

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

\_\_\_\_\_  
Date