#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000144874

Entity Name: ALYSALES, LLC

Apr 30, 2024 **Secretary of State** 4985548388CC

**FILED** 

# **Current Principal Place of Business:**

4407 SW SEVENTH PL

CABO CORAL, FL 33914

### **Current Mailing Address:**

4407 SW SEVENTH PL

CABO CORAL, FL 33914 US

FEI Number: 92-3389624 Certificate of Status Desired: No

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

INC AUTHORITY RA 390 NORTH ORANGE AVE., STE 2300-N ORLANDO, FL 32801 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

PEREZ LONCHON, REINALDO Name

4407 SW SEVENTH PL Address

CABO CORAL FL 33914 City-State-Zip:

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: REINALDO PEREZ LONCHON

MANAGER

04/30/2024

Date