

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000147474

**Entity Name:** AIFASERVICES LLC

**Current Principal Place of Business:**

7236 W 4TH AVE  
103  
HIALEAH, FL 33014

**Current Mailing Address:**

7236 W 4TH AVE  
103  
HIALEAH, FL 33014 US

**FEI Number:** 92-3372517

**Certificate of Status Desired:** No

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

MEDINA MACOLA, JAVIER  
7236 W 4TH AVE  
103  
HIALEAH, FL 33014 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            MEDINA MACOLA, JAVIER  
Address        7236 W 4TH AVE  
                  103  
City-State-Zip: HIALEAH FL 33014

*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:** JAVIER MEDINA MACOLA

AMBR

02/12/2024

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

\_\_\_\_\_  
Date