

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000324846

**Entity Name:** ALAMORE FLOWERS LLC

**Current Principal Place of Business:**

16950 NORTH BAY ROAD 1615  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16950 NORTH BAY ROAD 1615  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 93-2536513

**Certificate of Status Desired:** No

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

STEPANYAN, TAMARA  
16950 NORTH BAY ROAD 1615  
SUNNY ISLES BEACH, FL 33160 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           MANAGER  
Name           STEPANYAN, TAMARA  
Address       16950 NORTH BAY ROAD 1615  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** TAMARA STEPANYAN

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date