

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077426

**Entity Name:** ALODIV VENTURES, LLC

**Current Principal Place of Business:**

6300 FALLS CIRCLE DRIVE SOUTH  
APT 202  
LAUDERHILL, FL 33319

**Current Mailing Address:**

6300 FALLS CIRCLE DRIVE SOUTH  
APT 202  
LAUDERHILL, FL 33319 US

**FEI Number:** 27-3123607

**Certificate of Status Desired:** No

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

IRVINE, LOLA  
6300 FALLS CIRCLE DRIVE SOUTH  
APT 202  
LAUDERHILL, FL 33319 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 MGRM  
Name IRVINE, LOLA  
Address 6300 FALLS CIRCLE DRIVE SOUTH  
City-State-Zip: LAUDERHILL FL 33319

*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:** LOLA IRVINE

MGRM

01/12/2015

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

\_\_\_\_\_  
Date