

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000109246

**Entity Name:** PASQUALINI ALVES, LLC

**Current Principal Place of Business:**

10464 BOYNTON PLACE CIR  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

10464 BOYNTON PLACE CIR  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 36-4789841

**Certificate of Status Desired:** No

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

EAGLE TAX REPRESENTATION CORP  
5493 WILES ROAD  
105  
COCONUT CREEK, FL 33073 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 PASQUALINI, ROSA D  
Address RUA JOAO ALBINO CASALI, 690  
City-State-Zip: PEABIRU 87250--000

Title AMBR  
Name PASQUALINI ALVES, JOSE A  
Address RUA JOAO ALBINO CASALI, 690  
City-State-Zip: PEABIRU PR 87250--000

Title AMBR  
Name PASQUALINI ALVES, CARLOS R  
Address RUA JOAO ALBINO CASALI, 690  
City-State-Zip: PEABIRU PR 87250--000

*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:** CARLOS ROBERTO PASQUALINI ALVES

**MEMBER**

**04/28/2024**

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

\_\_\_\_\_  
Date