

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000181946

**Entity Name:** ALICIA CONSTAIN LLC

**Current Principal Place of Business:**

3 GROVE ISLE DRIVE  
APT.703  
MIAMI, FL 33133

**FILED**  
**Feb 11, 2023**  
**Secretary of State**  
**3684150495CC**

**Current Mailing Address:**

3 GROVE ISLE DRIVE  
APT.703  
MIAMI, FL 33133 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

CONSTAIN, ALICIA M MRS.  
3 GROVE ISLE DRIVE  
APT.703  
MIAMI, FL 33133 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            CEO  
Name            CONSTAIN, ALICIA MRS.  
Address        3 GROVE ISLE DRIVE  
                  APT.703  
City-State-Zip: MIAMI FL 33133

Title            MGR  
Name            ISAIA, ALBERTO MR.  
Address        3 GROVE ISLE DRIVE  
                  APT.703  
City-State-Zip: MIAMI FL 33133

Title            MGR  
Name            ISAIA, DANIEL MR.  
Address        3 GROVE ISLE DRIVE  
                  APT.703  
City-State-Zip: MIAMI FL 33133

*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: ALICIA CONSTAIN**

**CEO**

**02/11/2023**

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

\_\_\_\_\_  
Date