

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000250442

**Entity Name:** ALMORE,LLC**Current Principal Place of Business:**1865 BRICKELL AVE  
A2003  
MIAMI, FL 33129**Current Mailing Address:**1865 BRICKELL AVE  
A2003  
MIAMI, FL 33129 US**FEI Number:** 36-4916408**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URIBE, ALBERTO  
1865 BRICKELL AVE  
A2003  
MIAMI, FL 33129 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:** ALBERTO URIBE

12/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | MGR                        |
| Name            | URIBE, ALBERTO             |
| Address         | 1865 BRICKELL AVE<br>A2003 |
| City-State-Zip: | MIAMI FL 33129             |
| Title           | AUTHORIZED REPRESENTATIVE  |
| Name            | RIPALDA, REBECA            |
| Address         | 600 NE 27TH ST<br>902      |
| City-State-Zip: | MIAMI FL 33137             |

|                 |                            |
|-----------------|----------------------------|
| Title           | MGR                        |
| Name            | URIBE, DIANA               |
| Address         | 1865 BRICKELL AVE<br>A2003 |
| City-State-Zip: | MIAMI FL 33129             |
| Title           | CEO                        |
| Name            | VILLAR, EDEL               |
| Address         | 4101 NW 5TH ST             |
| City-State-Zip: | MIAMI FL 33126-5607        |

*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:** URIBE , ALBERTO

MGR

12/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date