

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000254510

**Entity Name:** ALEXRAMOS SERVICES LLC

**Current Principal Place of Business:**

4234 LEO LANE  
APT 207  
RIVIEIRA BEACH, FL 33410

**Current Mailing Address:**

4234 LEO LANE  
APT 207  
RIVIEIRA BEACH, FL 33410 US

**FEI Number:** 35-2644907

**Certificate of Status Desired:** No

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

CAMILA , RAMOS SALLES LISBOA SR.  
4234 LEO LANE  
PALM BEACH GARDENS , FL 33410 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:** CAMILA RAMOS

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                            |                 |                             |
|-----------------|----------------------------|-----------------|-----------------------------|
| Title           | AMBR                       | Title           | AMBR                        |
| Name            | RODRIGUES RAMOS, ALEXANDRE | Name            | SALLES LISBOA RAMOS, CAMILA |
| Address         | 4234 LEO LANE, APT 207     | Address         | 4234 LEO LANE<br>APT 207    |
| City-State-Zip: | RIVIEIRA BEACH FL 33410    | City-State-Zip: | RIVIEIRA BEACH FL 33410     |

*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:** CAMILA SALLES LISBOA RAMOS

SR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date