

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000062721

Entity Name: ALOMIA MANAGMENT SERVICES LLC**Current Principal Place of Business:**4800 SAN FRATELLO CIR
LAKE WORTH, FL 33467**Current Mailing Address:**4800 SAN FRATELLO CIR
LAKE WORTH, FL 33467 US**FEI Number:** 83-4666509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALOMIA, PAOLA A MRS
4800 SAN FRATELLO CIR
LAKE WORTH, FL 33467 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 MGR
Name ALOMIA, PAOLA A MRS
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name ALOMIA, PAOLA A MRS
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

Title AMBR
Name ALOMIA, PAOLA A MRS
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

Title AP
Name ALOMIA, PAOLA A MRS
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name ALOMIA, PAOLA A MRS
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name ALOMIA, PAOLA A
Address 4800 SAN FRATELLO CIR
City-State-Zip: LAKE WORTH FL 33467

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: PAOLA ALOMIA ROMAN**PRESIDENT****03/03/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date