

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000055316

**Entity Name:** ANA FLAVIA ALVES LLC

**Current Principal Place of Business:**

3090 N COURSE DR  
APT 211  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3090 N COURSE DR  
APT 211  
POMPANO BEACH, FL 33069 US

**FEI Number:** 84-4877722

**Certificate of Status Desired:** No

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

ALVES, ANA F  
3090 N COURSE DR  
APT 211  
POMPANO BEACH, FL 33069 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            ALVES, ANA F  
Address        3090 N COURSE DR  
                  APT 211  
City-State-Zip: POMPANO BEACH FL 33069

Title            MGR  
Name            ALVES, ANA F  
Address        3090 N COURSE DR  
                  APT 211  
City-State-Zip: POMPANO BEACH FL 33069

*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:** ANA FLAVIA ALVES

**OWNER/MANAGER**

**01/23/2023**

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

\_\_\_\_\_  
Date