

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000062101

**Entity Name:** ALYCIA DANIEL LLC

**Current Principal Place of Business:**

10920 LEEDS RD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

P.O. BOX 417  
PORT RICHEY, FL 34673 UN

**FEI Number: 84-4958416**

**Certificate of Status Desired: Yes**

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

DANIEL, ALYCIA D  
404 SUZANNE DR.  
SPRING HILL, FL 34607 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            DANIEL, ALYCIA  
Address        PO BOX 417  
City-State-Zip: PORT RICHEY FL 34607

*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: ALYCIA DANIEL**

**OWNER**

**04/29/2023**

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

\_\_\_\_\_ Date