

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000070749

**Entity Name:** GABRIEL ALVES, LLC

**Current Principal Place of Business:**

6043 GULFPORT BLVD S  
GULFPORT, FL 33707

**Current Mailing Address:**

6043 GULFPORT BLVD S  
GULFPORT, FL 33707 US

**FEI Number:** 84-5055466

**Certificate of Status Desired:** No

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

ALVES, GABRIEL  
6043 GULFPORT BLVD S  
GULFPORT, FL 33707 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:** GABRIEL ALVES

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALVES, GABRIEL  
Address 6043 GULFPORT BLVD S  
City-State-Zip: GULFPORT FL 33707

*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:** GABRIEL ALVES

MANAGER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date