

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000190409

**Entity Name:** HENAO ALCINA ENTERPRISE LLC

**Current Principal Place of Business:**

4474 WESTON RD  
SUITE 196  
DAVIE, FL 33331

**Current Mailing Address:**

4474 WESTON RD  
SUITE 196  
DAVIE, FL 33331 US

**FEI Number:** 85-3004953

**Certificate of Status Desired:** No

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

HENAO, FREDDY E  
5250 NW 84TH AVE  
DORAL, FL 33166 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            HENAO, FREDDY E  
Address        5250 NW 84TH AVE  
                  APT 701  
City-State-Zip: DORAL FL 33331

*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:** FREDDY HENAO ALCINA

**MANAGING MEMBER**

**04/03/2023**

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

\_\_\_\_\_  
Date