

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000279870

**Entity Name:** PROLEVI LLC

**Current Principal Place of Business:**

2421 CANDLEWICK RD  
DELTONA, FL 32738

**Current Mailing Address:**

39 REAL PALM DR  
VEGA ALTA, PR 00692 US

**FEI Number:** 86-2113999

**Certificate of Status Desired:** No

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

BATLLE, ALAN G SR.  
2421 CANDLEWICK RD  
DELTONA, FL 32738 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	Title	MGR
Name	BATLLE, ALAN G SR	Name	ALICEA, MARITZA MRS
Address	2421 CANDLEWICK RD	Address	2421 CANDLEWICK RD
City-State-Zip:	VEGA ALTA FL 32738	City-State-Zip:	VEGA ALTA FL 32738
Title	SEC	Title	SEC
Name	BATLLE, ADRIAN J	Name	BATLLE, ALAN G JR
Address	2421 CANDLEWICK RD	Address	2421 CANDLEWICK RD
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738
Title	SEC		
Name	BATLLE, ITZAMARIE A		
Address	2421 CANDLEWICK RD		
City-State-Zip:	DELTONA FL 32738		

*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:** BATLLE, ALAN G, SR

**MANAGER**

**04/12/2024**

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

\_\_\_\_\_  
Date