

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000227078

**Entity Name:** ACHE IFA OKAN LLC

**Current Principal Place of Business:**

140 N HOMESTEAD BLVD  
HOMESTEAD, AL 33030

**Current Mailing Address:**

140 N HOMESTEAD BLVD  
HOMESTEAD, AL 33030 US

**FEI Number:** 87-0950425

**Certificate of Status Desired:** No

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

GONZALEZ, LUIS  
925 NW 97 AVE  
306  
MIAMI, FL 33172 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            GONZALEZ, AYLEN  
Address        2391 W 66 PL  
City-State-Zip: HIALEAH FL 33016

Title            AMBR  
Name            BAEZ, OSVALDO  
Address        2391 W 66 PL  
City-State-Zip: HIALEAH FL 33016

*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:** AYLEN GONZALEZ

AYLEN GONZALEZ

01/08/2025

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

\_\_\_\_\_  
Date