

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000235748

**Entity Name:** ALARKIS LLC

**Current Principal Place of Business:**

354 NE 89TH ST  
EL PORTAL, FL 33138

**Current Mailing Address:**

354 NE 89TH ST  
EL PORTAL, FL 33138

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALARCON CABRERA, CAROLINA  
354 NE 89TH ST  
EL PORTAL, FL 33138 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 ALARCON CABRERA, CAROLINA  
Address 354 NE 89TH ST  
City-State-Zip: EL PORTAL FL 33138

Title AMBR  
Name ALARCON CABRERA, CLAUDIA  
JIMENA  
Address 354 NE 89TH ST  
City-State-Zip: EL PORTAL FL 33138

Title AMBR  
Name ALARCON CABRERA, MARIA  
ALEJANDR  
Address 354 NE 89TH ST  
City-State-Zip: EL PORTAL FL 33138

*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:** CLAUDIA JIMENA ALARCON CABRERA

MRS

02/10/2023

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

\_\_\_\_\_ Date