

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000325104

**Entity Name:** ALPHERA LLC**Current Principal Place of Business:**930 SULTAN AVE  
OPA LOCKA, FL 33054**Current Mailing Address:**930 SULTAN AVE  
OPA LOCKA, FL 33054 US**FEI Number:** 87-1996896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES-HERCULES, NICHOLE  
930 SULTAN AVE  
OPA LOCKA, FL 33054 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:** NICHOLE BARNES-HERCULES

04/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BARNES-HERCULES, NICHOLE  
Address 930 SULTAN AVE  
City-State-Zip: OPA LOCKA FL 33054

Title AUTHORIZED MEMBER  
Name HERCULES, CHRISTOPHER  
Address 6126 DEEP SOUTH DR  
City-State-Zip: KATY TX 77449

Title AUTHORIZED MEMBER  
Name HERCULES, ANTHONY  
Address 6126 DEEP SOUTH DR  
City-State-Zip: KATY TX 77449

Title AUTHORIZED MEMBER  
Name HERCULES, AVELON  
Address 6126 DEEP SOUTH DR  
City-State-Zip: KATY TX 77449

*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:** NICHOLE BARNES-HERCULES

MGR

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date