

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000381367

**Entity Name:** ALEX ABAD LLC

**Current Principal Place of Business:**

5026 BELLFLOWER CT  
MELBOURNE, FL 32940

**Current Mailing Address:**

5026 BELLFLOWER CT  
MELBOURNE, FL 32940 US

**FEI Number:** 87-2378130

**Certificate of Status Desired:** No

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

ABAD, ALEX  
5026 BELLFLOWER CT  
MELBOURNE, FL 32940 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	CEO	Title	MGR
Name	ABAD, ALEX	Name	ABAD, CHRISTINE
Address	5026 BELLFLOWER CT	Address	5026 BELLFLOWER CT
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940

*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:** ALEX ABAD

CEO

03/06/2024

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

\_\_\_\_\_  
Date