

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000083214

**Entity Name:** VIZION ALPHA LLC

**Current Principal Place of Business:**

4775 COLLINS AVE. UNIT 1808  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4775 COLLINS AVE. UNIT 1808  
MIAMI BEACH, FL 33140 US

**FEI Number:** 61-2025923

**Certificate of Status Desired:** No

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

LAW OFFICE OF VALERIA SCHVARTZMAN, P.A.  
2999 NE 191ST ST  
SUITE 402  
AVENTURA, FL 33180 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  
Name VIZION DEVELOPMENTS LLC  
Address 4775 COLLINS AVE. UNIT 1808  
City-State-Zip: MIAMI BEACH FL 33140

*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:** JONATHAN STOLARZ

**MANAGER**

**01/09/2023**

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

\_\_\_\_\_  
Date