

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000116871

**Entity Name:** ALAQILI HOLDING COMPANY, LLC.

**Current Principal Place of Business:**

3517 LAKESIDE DR  
DAVIE, FL 33328

**Current Mailing Address:**

3517 LAKESIDE DR  
DAVIE, FL 33328 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC  
4929 SW 74TH CT  
1ST FL  
MIAMI, FL 33155 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 ALAQILI, SABA  
Address 3517 LAKESIDE DRIVE  
City-State-Zip: DAVIE FL 33328

*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:** ALAQILI , SABA

**MGR**

**01/18/2024**

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

\_\_\_\_\_  
Date