

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000123137

**Entity Name:** ALICE CLAYTON LLC

**Current Principal Place of Business:**

401 NE 2ND AVE  
APT 9  
DELRAY BEACH , FL 33444

**Current Mailing Address:**

401 NE 2ND AVE  
APT # 9  
DELRAY BEACH, FL 33444 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JANSSEN, CHRISTY B ESQ.  
120 S. OLIVE AVE.  
SUITE 504  
WEST PALM BEACH, FL 33401 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 ROCHEMONT, PIERRE R  
Address 19627 FOOTHILL AVE.  
City-State-Zip: JAMAICA NY 11423

*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:** PIERRE RICHARD ROCHEMONT

**OWNER**

**04/18/2024**

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

\_\_\_\_\_  
Date