

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000164197

**Entity Name:** FLOWER OF LIFE 963, LLC

**Current Principal Place of Business:**

156 SE 4TH TERRACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

156 SE 4TH TERRACE  
POMPANO BEACH, FL 33060 US

**FEI Number:** 88-1925877

**Certificate of Status Desired:** No

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

ALVES, LUCIMAR D  
156 SE 4TH TERRACE  
POMPANO BEACH, FL 33060 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 ALVES, LUCIMAR D  
Address 156 SE 4TH TERRACE  
City-State-Zip: POMPANO BEACH FL 33060

*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:** LUCIMAR D ALVES

**PRESIDENT**

**01/08/2024**

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

\_\_\_\_\_  
Date