

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000340800

**Entity Name:** ALICE MARIE'S CATERING LLC

**Current Principal Place of Business:**

385 NW 16TH PLACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

385 NW 16TH PLACE  
POMPANO BEACH, FL 33060 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MOSLEY, ALICE M CEO  
385 NW 16TH PLACE  
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 MOSLEY, GARY B SR  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title MGR  
Name MOSLEY, VALGARION L  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title MGR  
Name MOSLEY, GARY B JR  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title MGR  
Name MOSLEY, GREGORY M  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name QUINCE, SINCERE H  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name QUINCE, SANAI L  
Address 385 NW 16TH PLACE  
City-State-Zip: POMPANO BEACH FL 33060

Title CEO  
Name MOSLEY , ALICE M  
Address 385 NW 16TH PLACE  
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:** ALICE M MOSLEY

CEO

04/03/2023

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

\_\_\_\_\_  
Date