

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000306997

**Entity Name:** ALUF TECH LLC

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MCWILLIAMS, TERESA L  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 227  
DAVIE, FL 33328 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            AMBR  
Name            ALUF HOLDINGS, INC.  
Address        4801 S UNIVERSITY DRIVE, STE 227  
City-State-Zip: DAVIE FL 33328

Title            MGR  
Name            MCWILLIAMS, TERESA L  
Address        4801 S UNIVERSITY DRIVE, STE 227  
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:** TERESA MCWILLIAMS

**MANAGER**

**04/16/2024**

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

\_\_\_\_\_  
Date