

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000389019

**Entity Name:** ALPE BEHAVIOR, LLC

**Current Principal Place of Business:**

8445 HAMMOCKS BLVD  
APT 2203  
MIAMI, FL 33193

**Current Mailing Address:**

8445 HAMMOCKS BLVD  
APT 2203  
MIAMI, FL 33193

**FEI Number:** 93-3099643

**Certificate of Status Desired:** No

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

GUTIERREZ, DANTES A  
13214 SW 86 LN  
MIAMI, FL 33183 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 AP  
Name SEIJAS FESSER, IVET  
Address 8445 HAMMOCKS BLVD, APT 2203  
City-State-Zip: MIAMI FL 33193

*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:** IVET SEIJAS FESSER

**OWNER**

**04/29/2025**

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

\_\_\_\_\_  
Date