### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L23000447794

#### Entity Name: ALCIDEWORKS LLC

## Current Principal Place of Business:

14 SWIMMING PEN DR SUITE 12 MIDDLEBURG, FL 32068

## **Current Mailing Address:**

45 OLD HALE WAY SAINT JOHNS , FL 32259 US

# FEI Number: 93-3714108

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

MESIC, KATE ESQ. 6550 ST. AUGUSTINE RD #305 JACKSONVILLE, FL 32217 US FILED Mar 07, 2024 Secretary of State 4088843575CC

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

| Title           | Μ                    | Title           | Μ                    |
|-----------------|----------------------|-----------------|----------------------|
| Name            | ALCIDE, KYLE         | Name            | ALCIDE, MARGO        |
| Address         | 45 OLD HALE WAY      | Address         | 45 OLD HALE WAY      |
| City-State-Zip: | SAINT JOHNS FL 32259 | City-State-Zip: | SAINT JOHNS FL 32259 |

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: KYLE ALCIDE

OWNER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date