

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000053449

**Entity Name:** A.L. RESIDENTIAL, INC.

**Current Principal Place of Business:**

5023 N FLORIDA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5023 N FLORIDA AVE  
TAMPA, FL 33603

**FEI Number:** 82-5157897

**Certificate of Status Desired:** No

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

LEFLER, ANTHONY  
5023 N FLORIDA AVE  
TAMPA, FL 33603 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

**Officer/Director Detail :**

Title P  
Name LEFLER, ANTHONY  
Address 5023 N FLORIDA AVE  
City-State-Zip: TAMPA FL 33603

Title S  
Name BARBON, MANUEL R II  
Address 5023 N FLORIDA AVE  
City-State-Zip: TAMPA FL 33603

Title T  
Name PARRADO, CHRISTOPHER  
Address 5023 N FLORIDA AVE  
City-State-Zip: TAMPA FL 33603

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY LEFLER

P

04/18/2018

Electronic Signature of Signing Officer/Director Detail

Date