

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000015813

**Entity Name:** NEW ALASKA, LLC

**Current Principal Place of Business:**

10900 SW 112 AVENUE  
MIAMI, FL 33176

**FILED**  
**Mar 20, 2020**  
**Secretary of State**  
**4752977545CC**

**Current Mailing Address:**

C/O PATRICA BELLO  
1020 MERIDIAN AVENUE 713  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134 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	Title	MGR
Name	BELLO, PAULO S	Name	BELLO, MARIA AUGUSTA T
Address	10900 SW 112 AVENUE	Address	10900 SW 112 AVENUE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176
Title	MGR		
Name	BELLO, PATRICIA		
Address	1020 MERIDIAN AVENUE 713		
City-State-Zip:	MIAMI BEACH FL 33139		

*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:** PATRICIA BELLO

**MGR**

**03/20/2020**

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

\_\_\_\_\_  
Date