

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082080

**FILED**  
**Jan 02, 2014**  
**Secretary of State**  
**CC0122260683**

**Entity Name:** ALSON, LLC \*\*\*\*\* SEE NOTE \*\*\*\*\*

**Current Principal Place of Business:**

20803 BISCAYNE BOULEVARD  
SUITE 301  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BOULEVARD  
SUITE 301  
AVENTURA, FL 33180

**FEI Number:** 46-0520899

**Certificate of Status Desired:** No

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

MARCUS, ALAN J  
20803 BISCAYNE BOULEVARD  
SUITE 301  
AVENTURA, FL 33180 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  
Name ELLI, ALDO  
Address 20803 BISCAYNE BOULEVARD, SUITE 301  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name FALSONI, BARBARA  
Address 20803 BISCAYNE BOULEVARD SUITE 301  
City-State-Zip: AVENTURA FL 33180

Title MANAGER  
Name POSSENTI, MIRIAM  
Address 4448 NW 93RD DORAL COURT  
City-State-Zip: DORAL FL 33178

*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:** ALDO ELLI

**MANAGER**

**01/02/2014**

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