## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000011889

**Entity Name: ALTER SYSTEM MANAGEMENT LLC** 

**Current Principal Place of Business:** 

5333 COLLINS AV UNIT 602 MIAMI, FL 33140

**Current Mailing Address:** 

5333 COLLINS AV UNIT 602 MIAMI, FL 33140 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIEDRA & COMPANY CPA PA 9100 S.DADELAND BLVD STE 912

MIAMI, FL 33156 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: AGENT 01/27/2016

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGR

Name SARL ALTER SYSTEM MANAGEMENT Name DEREY, JOELLE

Address 553 RUE SAINT PIERRE Address 901 BRICKELL KEY BLVD., #1706

City-State-Zip: MARSEILLE, FRANCE 13012 City-State-Zip: MIAMI FL 33131

Title MGRM

Name FANTINI, ERIC
Address 5333 COLLINS AV

UNIT 602

City-State-Zip: MIAMI FL 33140

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: ERIC FANTINI MGRM 01/27/2016

FILED Jan 27, 2016

**Secretary of State** 

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