

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011889

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**8177990373CC**

**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

03/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SARL ALTER SYSTEM MANAGEMENT  
Address 553 RUE SAINT PIERRE  
City-State-Zip: MARSEILLE, FRANCE 13012

Title MGR  
Name DEREY, JOELLE  
Address 5333 COLLINS AVE  
602  
City-State-Zip: MIAMI BEACH FL 33140

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

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date