

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037017

**Entity Name:** ALGARETE, LLC

**Current Principal Place of Business:**

9900 W SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9900 W SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS, FL 33065

**FEI Number:** 27-2291727

**Certificate of Status Desired:** No

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

GBS CONSULTANTS, INC.  
18501 PINES BLVD., SUITE 201  
PEMBROKE PINES, FL 33029 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           MANAGER MEMBER  
Name           LARTITEGUI-MATA, MARGARITA  
Address        9900 W SAMPLE ROAD, SUITE 300  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** MARGARITA LARTITEGUI-MATA

**MANAGER MEMBER**

**02/19/2014**

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

\_\_\_\_\_  
Date