

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109339

**Entity Name:** ALDA EQUIPMENT & SUPPLIES, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33143

**Current Mailing Address:**

4000 PONCE DE LEON BLVD  
SUITE 470  
CORAL GABLES, FL 33143 US

**FEI Number:** 27-3722667

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD SUITE 1050  
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 MGRM  
Name MARQUEZ-BRACHO, DAPSI E  
Address 2121 PONCE DE LEON BLVD SUITE  
1050  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name MONTAGNE-COLMARES, ORNELLA  
ANDREA  
Address 7540 SW 56TH CT  
City-State-Zip: S MIAMI FL 33143

*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:** DAPSI E MARQUEZ-BRACHO

MGR

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date