

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000017381

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC9065800679**

**Entity Name:** 1850 ALTON ROAD HOLDINGS, LLC

**Current Principal Place of Business:**

3200 NW 67TH AVENUE  
BLDG: 2, SUITE: 260  
MIAMI, FL 33122

**Current Mailing Address:**

3200 NW 67TH AVENUE  
BLDG: 2, SUITE: 260  
MIAMI, FL 33122 US

**FEI Number:** 45-4499007

**Certificate of Status Desired:** Yes

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

GENOVESE JOBLOVE & BATTISTA P.A.  
100 SE 2ND STREET  
44TH FLOOR  
MAIMI, FL 33131 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	Title	COO
Name	HUSSAIN, ZAFAR	Name	ARRIGONE, GIOVANNI
Address	3200 NW 67TH AVENUE BLDG: 2, SUITE: 260	Address	3200 NW 67TH AVENUE BLDG: 2, SUITE: 260
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122

*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:** GIOVANNI ARRIGONE

**CHIEF OPERATING  
OFFICER**

**02/03/2016**

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

\_\_\_\_\_  
Date