

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000009310

**Entity Name:** WEST PALM IMPACT SYSTEMS LLC

**Current Principal Place of Business:**

5141 NW 79TH AVE UNIT 1  
DORAL, FL 33166

**Current Mailing Address:**

5141 NW 79TH AVE, UNIT 1  
DORAL, FL 33166 US

**FEI Number: 46-1807476**

**Certificate of Status Desired: No**

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

MONTALVO, LUIS ALEJANDRO  
5141 NW 79TH AVE, UNIT 1  
DORAL, FL 33166 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	MGR	Title	MGR
Name	MONTALVO, LUIS ALEJANDRO	Name	MONTALVO, ALEJANDRO
Address	5141 NW 79TH AVE UNIT 1	Address	5141 NW 79TH AVE UNIT 1
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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: LUIS ALEJANDRO MONTALVO**

**MANAGER**

**06/13/2019**

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

\_\_\_\_\_  
Date