

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000018626

Entity Name: ALEZOR GROUP, LLC**Current Principal Place of Business:**2525 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33134**Current Mailing Address:**2525 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33134 US**FEI Number:** 90-0933790**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABREU BARRETO, ALEJANDRO A
2525 PONCE DE LEON BLVD
SUITE 300
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	ABREU BARRETO, ALEJANDRO A
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	ABREU NUNEZ, VERONICA
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	ABREU NUNEZ, ALBERTO
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	ABREU NUNEZ, ALVARO
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	MARIA ZORAIDA ESTHER NUNEZ DE ABREU
Address	2525 PONCE DE LEON BLVD SUITE 300
City-State-Zip:	CORAL GABLES FL 33134

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: ALEJANDO ABREU

MGRM

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date