

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000169375

Entity Name: ALPAKA, LLC**Current Principal Place of Business:**

% THERREL BAISDEN, P.A.
ONE SE 3RD AVE - STE 2950
MIAMI, FL 33131

Current Mailing Address:

% THERREL BAISDEN, P.A.
ONE SE 3RD AVE - STE 2950
MIAMI, FL 33131

FEI Number: 46-4275664**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

THERREL BAISDEN, P.A.
SUNTRUST INTERNATIONAL CENTER
ONE SE 3RD AVE - STE 2950
MIAMI, 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 MGR
Name GARZON, ISAAC
Address 17001 COLLINS AVE - APT 2307
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR
Name GARZON, LYNN
Address 17001 COLLINS AVE - APT 2307
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name GARZON, ALAN PHILIP
Address % THERREL BAISDEN, P.A.
ONE SE 3RD AVE - STE 2950
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name GARZON, PAUL BERNARD
Address % THERREL BAISDEN, P.A.
ONE SE 3RD AVE - STE 2950
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name GARZON, KAREN ILANA
Address % THERREL BAISDEN, P.A.
ONE SE 3RD AVE - STE 2950
City-State-Zip: MIAMI FL 33131

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: ISAAC GARZON

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date