

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000171443

Entity Name: ALSA INVERSIONES LLC

Current Principal Place of Business:

50 BISCAYNE BLVD
UNIT 4104
MIAMI, FL 33132

Current Mailing Address:

50 BISCAYNE BLVD
UNIT 4104
MIAMI, FL 33132 US

FEI Number: 46-5547157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVARADO, ARNALDO
6205 BLUE LAGOON DR
STE 130
MIAMI, FL 33126 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: ARNALDO ALVARADO

02/11/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ALVARADO, ARNALDO
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

Title MGRM
Name DE ALVARADO, EDUVIGIS
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

Title MGRM
Name ALVARADO, MARIA
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

Title MGRM
Name ALVARADO, ANA
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

Title MGRM
Name ALVARADO, MARIANA
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

Title MGRM
Name ALVARADO, ARNALDO A.
Address VIA HOSPITAL - QTA EL ABANICO
City-State-Zip: ARAURE PORTUGUESA 3303

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: ARNALDO ALVARADO

MGRM

02/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date