

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047718

Entity Name: ALMOND PRO, LLC**Current Principal Place of Business:**175 FONTAINEBLEAU BOULEVARD
SUITE 2-J1
MIAMI, FL 33172**Current Mailing Address:**175 FONTAINEBLEAU BOULEVARD
SUITE 2-J1
MIAMI, FL 33172 US**FEI Number:** 46-5231995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLDING GROUP USA CORP
223 E FLAGLER ST
212
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:** CAMILO ARRIETA

06/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	FOSTER, CAULEN M
Address	9014 SW 214TH LN
City-State-Zip:	CUTLER BAY FL 33189

Title	MANAGER
Name	SOTODEALS LLC
Address	2061 NW 112TH AVE SUITE 147
City-State-Zip:	MIAMI FL 33172

Title	MANAGER
Name	AAB TRADE CORP
Address	1845 NW 112TH AVE SUITE 195
City-State-Zip:	MIAMI FL 33172

Title	MANAGER
Name	VARGAS, ANA LORENA
Address	3701 SW 185 AVE
City-State-Zip:	MIRAMAR FL 33029

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: CAULEN FOSTER

CEO

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date