

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047718

Entity Name: ALMOND PRO, LLC**Current Principal Place of Business:**8300 NW 53RD ST
SUITE 102
DORAL, FL 33166**Current Mailing Address:**8300 NW 53RD ST
SUITE 102
DORAL, FL 33166 US**FEI Number:** 46-5231995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANCHEZ & SANCHEZ
900 W 49 ST
SUITE 518
HIALEAH, FL 33012 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:** JUAN C SANCHEZ

04/26/2018

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

MGR

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date