

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000047718

Entity Name: ALMOND PRO, LLC

Current Principal Place of Business:

1845 NW 112 AVE.
195
MIAMI, FL 33172

FILED
Jan 07, 2015
Secretary of State
CC3243434462

Current Mailing Address:

1845 NW 112 AVE.
195
MIAMI, FL 33172 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, CAULEN M
1845 NW 112 AVE.
195
MIAMI, FL 33172 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 FOSTER, CAULEN M
Address 1845 NW 112 AVE.
195
City-State-Zip: MIAMI FL 33172

Title MGR
Name BLANCHARD, ALEJANDRO
Address 1845 NW 112 AVE.
195
City-State-Zip: MIAMI FL 33172

Title MGR.
Name VARGAS, ESTEBAN
Address 1845 NW 112 AVE.
195
City-State-Zip: MIAMI FL 33172

Title MANAGER
Name SOTO, MARCOS
Address 1845 NW 112 AVE.
195
City-State-Zip: MIAMI FL 33172

Title MGR
Name CALDERA, LEONEL
Address 1845 NW 112 AVE.
195
City-State-Zip: MIAMI FL 33172

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: FOSTER, CAULEN M.

MGR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date