

**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**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.  
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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