

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000076666

**Entity Name:** ALFA 5969 GROUP, LLC

**Current Principal Place of Business:**

175 SW 7TH ST. #2011  
MIAMI, FL 33130

**FILED**  
**Mar 05, 2017**  
**Secretary of State**  
**CC2827060855**

**Current Mailing Address:**

175 SW 7TH ST. #2011  
MIAMI, FL 33130 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FERMOSELLE, DAVID  
175 SW 7TH ST. #2011  
MIAMI, FL 33130 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	AMBR	Title	AMBR
Name	SAGLIMBENI, MARIA	Name	SAGLIMBENI, ANTONIO A
Address	175 SW 7TH ST. #2011	Address	175 SW 7TH ST. #2011
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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: ANTONIO SAGLIMBENI**

**MR.**

**03/05/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date