		Certificate of Status Desired. NO
ame and Ad	dress of Current Registered Agent:	
& G INSURANC 59 SW 97TH CT AMI, FL 33165	r US	internal accept or both in the State of Florida
e above nameu er	ntity submits this statement for the purpose of changing its registered office or regi	stered agent, or both, in the State of Florida.
GNATURE:	FERNANDO R PALENZUELA	02/09/2023
	Electronic Signature of Registered Agent	Date

# SIG

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	ALTIERI, CARLOS E	Name	ALTIERI, LAURA		
Address	AV.CAMEJO OCTAVIO. NO.58, AGUAMARINA	Address	10676 SW 76 TERRACE		
City-State-Zip:	LECHERIA AN 6016	City-State-Zip:	MIAMI FL 33173		

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: CARLOS E ALTIERI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000144224

#### Entity Name: ALTIERI-LUNAR LLC

#### **Current Principal Place of Business:**

10676 SW 76 TERRACE MIAMI, FL 33173

#### **Current Mailing Address:**

10676 SW 76 TERRACE MIAMI, FL 33173 US

## FEI Number: 38-3940968

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2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2023 Secretary of State 7253443163CC

Certificate of Status Desired: No

02/09/2023

Date

MGR