## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000044122 Entity Name: ALCALIVE, LLC

**Current Principal Place of Business:** 

1713 NW 71 ST

GAINESVILLE, FL 32605

## **Current Mailing Address:**

1713 NW 71 ST

GAINESVILLE, FL 32605 US

FEI Number: 47-3398432 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LOPEZ-QUINTERO, CATALINA 1713 NW 71 ST GAINESVILLE, FL 32605 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: CATALINA LOPEZ-QUINTERO

04/23/2019

**FILED** Apr 23, 2019

**Secretary of State** 

1879012339CC

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGRM

Title

LOPEZ-QUINTERO, CATALINA Name

**MEMB** Name ORDOÃEZ, ALBEIRO

1713 NW 71 ST Address

Address 1713 NW 71 ST

City-State-Zip: GAINESVILLE FL 32605

City-State-Zip: GAINESVILLE FL 32605

Title **MEMB**  Title **MEMB** 

LOPEZ QUINTERO, SANDRA V Name

Name FLUM, LIOR

Address 1713 NW 71 ST Address 1713 NW 71 ST

City-State-Zip: GAINESVILLE FL 32605

GAINESVILLE FL 32605 City-State-Zip:

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: CATALINA LOPEZ-QUINTERO

DR.

04/23/2019