

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000044122

**Entity Name:** ALCALIVE, LLC

**Current Principal Place of Business:**

1350NE 191 ST  
#208  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1350NE 191 ST  
#208  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 47-3398432

**Certificate of Status Desired:** Yes

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

LOPEZ-QUINTERO, CATALINA  
1350NE 191 ST  
#208  
NORTH MIAMI BEACH, FL 33179 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

01/11/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LOPEZ-QUINTERO, CATALINA  
Address 1350 NE 191ST STREET, APT. 208  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MEMB  
Name ORDOÑEZ, ALBEIRO  
Address 1350 NE 191ST STREET, APT. 208  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MEMB  
Name LOPEZ QUINTERO, SANDRA V  
Address 1350 NE 191ST STREET, APT. 208  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title MEMB  
Name FLUM, LIOR  
Address 1350 NE 191ST STREET, APT. 208  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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

01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date