

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000119963

**Entity Name:** ALF'S PRO SHOP LLC

**Current Principal Place of Business:**

3030 N. ROCKY POINT DR  
SUITE 150A  
TAMPA, FL 33607

**Current Mailing Address:**

3030 N. ROCKY POINT DR  
SUITE 150A  
TAMPA, FL 33607 US

**FEI Number:** 47-4573893

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N. ROCKY POINT DR  
SUITE 150A  
TAMPA, FL 33607 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           MANAGER  
Name           NARANJO, MARCO  
Address        2600 NW 87TH AVE  
                  SUITE 34  
City-State-Zip: DORAL FL 33172

Title           MANAGER  
Name           LUQUEZ, OSMUNDO  
Address        2600 NW 87TH AVE  
                  SUITE 34  
City-State-Zip: DORAL 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:** MARCO NARANJO

MANAGER

05/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date