

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000182408

Entity Name: ALLES BLAU, LLC**Current Principal Place of Business:**8112 POINCIANA BLVD
ORLANDO, FL 32821**Current Mailing Address:**8297 CHAMPIONS GATE BLVD #327
CHAMPIONS GATE, FL 33896 US**FEI Number:** 38-3983324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOMINIUM CONSULTING SERVICES, LLC
6965 PIAZZA GRANDE AVE
SUITE 206
ORLANDO, FL 32835 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
Name	DE ARAUJO CINTRA, LUIZ ROBERTO
Address	RUA DONA LUIZA TOLLE 181 APT 222
City-State-Zip:	SAO PAULO SP 02406--000

Title	AMBR
Name	BOCK CINTRA, ANA CRISTINA
Address	RUA DONA LUIZA TOLLE 181 APT 222
City-State-Zip:	SAO PAULO SP 02406--000

Title	AMBR
Name	LORENCONE DE SOUZA, DANILO
Address	RUA DONA LUIZA TOLLE 181 APT 221
City-State-Zip:	SAO PAULO SP 02406--000

Title	AMBR
Name	BOCK, PATRICIA
Address	RUA DONA LUIZA TOLLE 181 APT 221
City-State-Zip:	SAO PAULO SP 02406--000

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: LUIZ ROBERTO DE ARAUJO CINTRA

AMBR

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date