

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000191114

**Entity Name:** ALN MANAGEMENT LLC.

**Current Principal Place of Business:**

130 S INDIAN RIVER DR  
STE 202  
FORT PIERCE, FL 34950

**Current Mailing Address:**

130 S INDIAN RIVER DR  
STE 202  
FORT PIERCE, FL 34950 US

**FEI Number:** 81-4158076

**Certificate of Status Desired:** No

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

HAVRE, BILL SEC.  
3030 N.ROCKY POINT DRIVE  
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            AMBR  
Name            NAZARIO, ANGEL  
Address        130 S INDIAN RIVER DR  
City-State-Zip: FORT PIERCE FL 34950

*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:** ANGEL NAZARIO

AMBR

03/25/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date