

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000191114

**Entity Name:** ALN MANAGEMENT LLC.

**Current Principal Place of Business:**

817 SOUTHWEST SAIL TERRACE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

817 SOUTHWEST SAIL TERRACE  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 81-4158076

**Certificate of Status Desired:** Yes

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

HAVRE, BILL  
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        817 SOUTHWEST SAIL TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34953

*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

02/02/2020

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

\_\_\_\_\_  
Date