

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098746

**Entity Name:** ALOTTA FULFILLMENT, LLC

**Current Principal Place of Business:**

901 PENNSYLVANIA AVE,  
SUITE 3-386  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

901 PENNSYLVANIA AVE,  
SUITE 3-386  
MIAMI BEACH, FL 33139 US

**FEI Number:** 82-1432350

**Certificate of Status Desired:** No

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

ALOTTA, ROBERT  
901 PENNSYLVANIA AVE,  
SUITE 3-386  
MIAMI BEACH, FL 33139 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 MGR  
Name ALOTTA, ROBERT  
Address 901 PENNSYLVANIA AVE,  
SUITE 3-386  
City-State-Zip: MIAMI BEACH FL 33139

*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:** ROBERT ALOTTA

**OWNER**

**02/15/2024**

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

\_\_\_\_\_  
Date