

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000012354

**Entity Name:** ALVOX SOLUTIONS LLC

**Current Principal Place of Business:**

1954 WIND MEADOWS DR  
BARTOW, FL 33830

**Current Mailing Address:**

1954 WIND MEADOWS DR  
BARTOW, FL 33830 US

**FEI Number:** 82-5196960

**Certificate of Status Desired:** No

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

BURTS, ANTHONY J  
1954 WIND MEADOWS DR  
BARTOW, FL 33830 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	Title	MGR
Name	BURTS, LESLIE S	Name	BURTS, ANTHONY
Address	1954 WIND MEADOWS DR	Address	1954 WIND MEADOWS DR
City-State-Zip:	BARTOW FL 33830	City-State-Zip:	BARTOW FL 33830

*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:** LESLIE BURTS

**MANAGER**

**05/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date