

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000075736

**Entity Name:** ALSOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMA MANAGEMENT SERVICES, INC.  
5900 SW 73RD STREET  
SUITE 302  
SOUTH MIAMI, FL 33143 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           MANAGER  
Name           ALONSO, KAMAL  
Address        5900 SW 73RD STREET  
                  SUITE 302  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** ALONSO , KAMAL

**MANAGER**

**06/11/2020**

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

\_\_\_\_\_  
Date