

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000084669

Entity Name: 1434 ALTO VISTA, LLC**Current Principal Place of Business:**3399 POSEIDON WAY
INDIALANTIC, FL 32903**Current Mailing Address:**3399 POSEIDON WAY
INDIALANTIC, FL 32903**FEI Number:** 82-5104011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIEGUEZ, PAUL
1499 SOUTH HARBOR CITY BLVD
202
MELBOURNE, FL 32901 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	KESSEL, KIRK
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

Title	MGR
Name	ENGLE, DOUG
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

Title	MGR
Name	WOOD, GREG
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

Title	MEM
Name	MCGILL, RYAN
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

Title	MEM
Name	ENGLE, CLARENCE
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

Title	MEM
Name	KEM GROUP
Address	3399 POSEIDON WAY
City-State-Zip:	INDIALANTIC FL 32903

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: KIRK W. KESSEL**PRESIDENT****02/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date