#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ALVARO J FERNANDEZ

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000176792

# Entity Name: ALMA SOLUTIONS LLC

#### **Current Principal Place of Business:**

6055 NW 105TH CT 616 DORAL, FL 33178

## **Current Mailing Address:**

6055 NW 105TH CT 616 DORAL, FL 33178 US

# FEI Number: 83-1357940

## Name and Address of Current Registered Agent:

FERNANDEZ, ALVARO J 6055 NW 105TH CT 616 DORAL, FL 33178 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		
Authorized Person(s) Detail :			
Title	PD	Title	VP
Name	FERNANDEZ, ALVARO J	Name	GIRALDO, MARIA C
Address	6055 NW 105TH CT 616	Address	6055 NW 105TH CT 616
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

Certificate of Status Desired: No

Ρ

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

### FILED Apr 26, 2021 Secretary of State 8181108734CC

04/26/2021 Date

Date