that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000176792

Entity Name: ALMA SOLUTIONS LLC

Current Principal Place of Business:

8510 SUNRISE LAKES BLVD APT 304 SUNRISE, FL 33322

Current Mailing Address:

8510 SUNRISE LAKES BLVD APT 304 SUNRISE, FL 33322

FEI Number: 83-1357940

Name and Address of Current Registered Agent:

FERNANDEZ, ALVARO J 8510 SUNRISE LAKES BLVD APT 304 SUNRISE, FL 33322 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	8510 SUNRISE LAKES BLVD APT 304	Address	8510 SUNRISE LAKES BLVD. APT 304
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	SUNRISE FL 33322

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 09, 2019 Secretary of State 7096424257CC

Certificate of Status Desired: No

04/09/2019

Date

Date