

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000253601

**Entity Name:** ALIMENTS DE LEARNEL LLC

**Current Principal Place of Business:**

3317 CAMELOT DR.  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 1542  
DAVENPORT, FL 33836 US

**FEI Number:** 83-2317575

**Certificate of Status Desired:** No

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

WILLIAMS, LEARNEL A  
3317 CAMELOT DR.  
HAINES CITY, FL 33844 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            OWNER  
Name            WILLIAMS, LEARNEL  
Address        3317 CAMELOT DR.  
City-State-Zip: HAINES CITY FL 33844

*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:** LEARNEL A. WILLIAMS

OWNER

04/01/2019

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

\_\_\_\_\_ Date