

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000043995

**Entity Name:** ABA ALONSO L.L.C

**Current Principal Place of Business:**

26450 SW 146 CT  
APT 302  
HOMESTEAD, FL 33032

**Current Mailing Address:**

26450 SW 146 CT  
APT 302  
HOMESTEAD, FL 33032

**FEI Number:** 84-4940499

**Certificate of Status Desired:** No

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

ALONSO GARCIA, ELIZABETH  
26450 SW 146 CT  
APT 302  
HOMESTEAD, FL 33032 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 ALONSO GARCIA, ELIZABETH  
Address 26450 SW 146 CT APT 302  
City-State-Zip: HOMESTEAD FL 33032

*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:** ELIZABETH ALONSO GARCIA

MGR

01/06/2021

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date