

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000267587

Entity Name: ALURRALDE, JASPER LLC

Current Principal Place of Business:

17 SAILFISH LANE
OCEAN RIDGE, FL 33435-7024

Current Mailing Address:

1825 PONCE DE LEON BLVD STE 680
CORAL GABLES, FL 33134 US

FEI Number: 85-2896885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 KARINA MONICA RIERA
Address 1825 PONCE DE LEON BLVD STE 680
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name ALURRALDE, MATIAS
Address 1825 PONCE DE LEON BLVD STE 680
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name JASPER, MARIANA
Address 1825 PONCE DE LEON BLVD STE 680
City-State-Zip: CORAL GABLES FL 33134

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: KARINA MONICA RIERA

MGR

02/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date