2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2019
Secretary of State
7689644164CC

DOCUMENT# L04000006895

Entity Name: THE ALTA GROUP LATIN AMERICAN REGION, LLC

Current Principal Place of Business:

1920 LAKESHORE DR
WESTON, FL 33326

Current Mailing Address:

8930 STATE RD. 84
289
DAVIE, FL 33324

FEI Number: 77-0625153

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FORSTER CSVANY, KATRIN D
10249 SW 55TH LANE
COOPER CITY, FL 33328 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: KATRIN D FORSTER CSVANY 01/30/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	CASTILLO-TRIANA, RAFAEL G
Address	1920 LAKESHORE DR
City-State-Zip:	WESTON FL 33326

Title	MGRM
Name	CASTILLO, NICOLAS
Address	1920 LAKESHORE DR
City-State-Zip:	WESTON FL 33324

Title	MGRM
Name	BERRETTA, GUILLERMO
Address	1920 LAKESHORE DR
City-State-Zip:	WESTON FL 33326

Title	MGRM
Name	DODDS, JUAN
Address	1920 LAKESHORE DR
City-State-Zip:	WESTON FL 33326

Title	MGR
Name	FORSTER CSVANY, KATRIN D
Address	10249 SW 55TH LANE
City-State-Zip:	COOPER CITY FL 33328

Title	MGRM
Name	DEANE, JOHN
Address	3724 LAKESIDE DRIVE, SUITE 201
City-State-Zip:	RENO NV 89509

Title	MGRM
Name	LOBO, MELVIN
Address	1920 LAKESHORE DR
City-State-Zip:	WESTON FL 33326

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: KATRIN D FORSTER CSVANY MGR 01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date