

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005377

**FILED**  
**Mar 11, 2020**  
**Secretary of State**  
**4469900855CC**

**Entity Name:** DIST. DE ALIMENTOS LATINOS, LLC

**Current Principal Place of Business:**

5101 NW 79 AVE  
11  
DORAL, FL 33166

**Current Mailing Address:**

5101 NW 79 AVE  
11  
DORAL, FL 33166 US

**FEI Number:** 22-3952093

**Certificate of Status Desired:** No

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

BUSSIÈRE, LIDIA  
5101 NW 79 AVE  
11  
DORAL, FL 33166 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 MEMBER  
Name BUSSIÈRE, LIDIA  
Address 5101 NW 79 AVE  
11  
City-State-Zip: DORAL FL 33166

Title M  
Name BUSSIÈRE, LIDIA  
Address 5101 NW 79 AVE  
11  
City-State-Zip: DORAL FL 33166

Title VP  
Name CARMEN, L BOLIVAR  
Address 5101 NW 79 AVE  
11  
City-State-Zip: DORAL FL 33166

*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:** LIDIA P BUSSIÈRE

**MBR**

**03/11/2020**

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

\_\_\_\_\_  
Date