

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090132

**Entity Name:** ALTOGREY, LLC

**Current Principal Place of Business:**

3304 NE 23RD AVENUE  
OCALA, FL 34479

**Current Mailing Address:**

P.O. BOX 2493  
OCALA, FL 34478

**FEI Number:** 26-0839215

**Certificate of Status Desired:** No

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

MURVIN, THOMAS P  
3304 NE 23 RD AVENUE  
OCALA, FL 34479 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	Title	MGR
Name	MURVIN, THOMAS	Name	GREY BRYAN, LESLEY
Address	P.O. BOX 2493	Address	1701 CASILLA STREET
City-State-Zip:	OCALA FL 34478	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:** THOMAS P MURVIN

MGR

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date