

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090132

**Entity Name:** ALTOGREY, LLC

**Current Principal Place of Business:**

141  
GENE JOHNSON ROAD  
ST AUGUSTINE, FL 32080

**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  
141  
GENE JOHNSON ROAD  
ST AUGUSTINE, FL 32080 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 MURVIN, THOMAS  
Address P.O. BOX 2493  
City-State-Zip: Ocala FL 34478

Title MGR  
Name GREY BRYAN, LESLEY  
Address 1701 CASILLA STREET  
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

03/14/2019

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

\_\_\_\_\_  
Date