

2016 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

05/02/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date