

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000109502

**Entity Name:** ALLI PUMPS II, LLC

**Current Principal Place of Business:**

14850 SW 26 ST, STE 212  
MIAMI, FL 33185

**Current Mailing Address:**

14850 SW 26 ST, STE 212  
MIAMI, FL 33185

**FEI Number:** 46-0933730

**Certificate of Status Desired:** No

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

RODRIGUEZ, LUIS A  
14850 SW 26 ST, STE 212  
MIAMI, FL 33185 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 AUTHORIZED MEMBER  
Name RODRIGUEZ, IVONNE C  
Address 3361 SW 147 CT  
City-State-Zip: MIAMI FL 33185

Title MGR  
Name RODRIGUEZ, LUIS A  
Address 3361 SW 147 CT  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name RODRIGUEZ, IVONNE C  
Address 3361 SW 147 CT  
City-State-Zip: MIAMI FL 33186

Title MBR  
Name RODRIGUEZ, LUIS  
Address 3283 SW 147 PL  
City-State-Zip: MIAMI FL 33185

Title MBR  
Name RODRIGUEZ, ALEXANDER  
Address 3262 SW 147 CT  
City-State-Zip: MIAMI FL 33185

*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:** IVONNE RODRIGUEZ

**MANAGER**

**01/13/2015**

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

\_\_\_\_\_  
Date