

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051469

**Entity Name:** ALFONSO LLANES, LLC

**Current Principal Place of Business:**

7275 SW 89 ST  
APT. B611  
MIAMI, FL 33156

**Current Mailing Address:**

7275 SW 89 ST  
APT. B611  
MIAMI, FL 33156

**FEI Number:** 46-5235367

**Certificate of Status Desired:** No

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

RODRIGUEZ AND SASTRE, CPA'S  
14850 SW 26 STREET  
SUITE 102  
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 MGRM  
Name LLANES, ALFONSO J  
Address 7275 SW 89 ST, APT B611  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name TEFEL LLANES, ELIZABETH  
Address 7275 SW 89 ST, APT B611  
City-State-Zip: MIAMI FL 33156

*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:** ALFONSO LLANES

MGRM

02/25/2015

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

\_\_\_\_\_  
Date