

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000014019

Entity Name: ALICIA M. LOPEZ, LLC

Current Principal Place of Business:

8635 LEIGHTON DRIVE
TAMPA, FL 33614

Current Mailing Address:

POST OFFICE BOX 152653
TAMPA, FL 33684 US

FEI Number: 47-2888924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, ALICIA M
8635 LEIGHTON DRIVE
TAMPA, FL 33614 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 AMBR
Name LOPEZ, ALICIA M
Address POST OFFICE BOX 152653
City-State-Zip: TAMPA FL 33684

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: ALICIA MARIA LOPEZ

04/20/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date