

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000089111

**Entity Name:** ALBERTO BORGES LLC

**Current Principal Place of Business:**

5278 GARFIELD RD  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5278 GARFIELD RD  
DELRAY BEACH, FL 33484 US

**FEI Number:** 81-2596498

**Certificate of Status Desired:** No

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

BORGES, ALBERTO  
5278 GARFIELD RD  
DELRAY BEACH, FL 33484 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 BORGES, ALBERTO  
Address 5278 GARFIELD RD  
City-State-Zip: DELRAY BEACH FL 33484

*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:** BORGES, ALBERTO

MGR

03/02/2018

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

\_\_\_\_\_ Date