

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044015

**Entity Name:** ALBERTO DE LEON SERVICES LLC

**Current Principal Place of Business:**

507 NW 39TH RD  
219  
GAINESVILLE, FL 32607

**Current Mailing Address:**

507 NW 39TH RD  
219  
GAINESVILLE, FL 32607 US

**FEI Number:** 82-0764809

**Certificate of Status Desired:** No

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

DE LEON, ALBERTO  
507 NW 39TH RD  
219  
GAINESVILLE, FL 32607 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            DE LEON, ALBERTO  
Address        507 NW 39TH RD, APPT 219  
City-State-Zip: GAINEVILLE FL 32607

Title            AMBR  
Name            DE LEON, ALBERTO  
Address        507 NW 39TH RD, APPT 219  
City-State-Zip: GAINEVILLE FL 32107

*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:** DE LEON ALBERTO

**ALBERTO DE LEON  
SERVICES LLC**

**04/30/2018**

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

\_\_\_\_\_  
Date