

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044221

**Entity Name:** ALLTOR SUPPLIES LLC

**Current Principal Place of Business:**

3403 NW 82ND AVE  
SUITE 330  
DORAL, FL 33122

**Current Mailing Address:**

3403 NW 82ND AVE  
SUITE 330  
DORAL, FL 33122 US

**FEI Number:** 82-0686174

**Certificate of Status Desired:** No

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

BUSINESS FLORIDA SOLUTIONS, LLC  
3403 NW 82ND AVE  
SUITE 330  
DORAL, FL 33122 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:** LEONARDO CAMERO

02/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name JAIMES, OSMAN E  
Address 3403 NW 82ND AVE  
SUITE 330  
City-State-Zip: DORAL FL 33122

Title AMBR  
Name MATHEUS, WILLIAM S  
Address 3403 NW 82ND AVE  
SUITE 330  
City-State-Zip: DORAL FL 33122

*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:** WILLIAM S MATHEUS

AMBR

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date