

**2021 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

03/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

AMBR

03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date