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.

AMBR

SIGNATURE: WILLIAM MATHEUS

Electronic Signature of Signing Authorized Person(s) Detail

BUSINESS FLOR 25 SE 2ND AVEN SUITE 442 MIAMI, FL 33131	-	
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta	te of Florida.
SIGNATURE:	LEONARDO CAMERO	04/
	Electronic Signature of Registered Agent	

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	JAIMES, OSMAN E	Name	MATHEUS, WILLIAM S	
Address	25 SE 2ND AVENUE SUITE 442	Address	25 SE 2ND AVENUE SUITE 442	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Title	AP			
Name	RAMOS, MARIA G			
Address	25 SE 2ND AVENUE SUITE 442			
City-State-Zip:	MIAMI FL 33131			

Entity Name: ALLTOR SUPPLIES LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

MIAMI, FL 33131

25 SE 2ND AVENUE SUITE 442

25 SE 2ND AVENUE

SUITE 442 MIAMI, FL 33131 US

FEI Number: 82-0686174

Current Mailing Address:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000044221

FILED Apr 16, 2018 Secretary of State CC3275789261

Certificate of Status Desired: No

04/16/2018

04/16/2018 Date