

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000117366

**Entity Name:** ALIRIO VALDES.LLC

**Current Principal Place of Business:**

4421 NW 6 ST GAINESVILLE FL  
SUITE A  
GAINESVILLE, FL 32609

**Current Mailing Address:**

P.O.BOX 1006  
ALACHUA, FL 32616 UN

**FEI Number:** 83-4704336

**Certificate of Status Desired:** Yes

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

VALDES, ALIRIO A SR  
4421 NW 6 ST  
SUITE A  
GAINESVILLE, FL 32609 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 ALIRIO, VALDES A SR  
Address 4421 NW 6 ST  
City-State-Zip: GAINESVILLE FL 32609

*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:** ALIRIO VALDES

MGR

03/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date