

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000092434

**FILED  
Apr 15, 2021  
Secretary of State  
5420592975CC**

**Entity Name:** ALTEK SPECS LLC

**Current Principal Place of Business:**

23621 CORAL RIDGE LN  
LAND O LAKES, FL 34639

**Current Mailing Address:**

23621 CORAL RIDGE LN  
LAND O LAKES, FL 34639 US

**FEI Number:** 48-1269961

**Certificate of Status Desired:** No

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

ALTEMARE, PATRICIA L  
23621 CORAL RIDGE LN  
LAND O LAKES, FL 34639 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	Title	AR
Name	ALTEMARE, PATRICIA L	Name	ALTEMARE, KENNETH
Address	1938 LARKSPUR CT	Address	1938 LARKSPUR CT
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655
Title	AR		
Name	ALTEMARE, CHRISTOPHER		
Address	23240 CYPRESS TRAIL DR		
City-State-Zip:	LUTZ FL 33549		

*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:** PATRICIA ALTEMARE

**MGR**

**04/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date