

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000274649

**Entity Name:** ALPBLMT L.L.C.

**Current Principal Place of Business:**

16790 SOUTHEAST 7TH LANE  
WILLSTON, FL 32696

**Current Mailing Address:**

16790 SOUTHEAST 7TH LANE  
WILLSTON, FL 32696 US

**FEI Number:** 87-1223213

**Certificate of Status Desired:** No

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

BOULET, PASCAL M  
16790 SOUTHEAST 7TH LANE  
WILLSTON, FL 32696 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 BOULET, PASCAL M  
Address 16790 SOUTHEAST 7TH LANE  
City-State-Zip: WILLISTON FL 32696

Title AMBR  
Name MORANT, LAURENCE  
Address 16790 SOUTHEAST 7TH LANE  
City-State-Zip: WILLISTON FL 32696

Title AMBR  
Name BOULET, ALEXIA S  
Address 16790 SOUTHEAST 7TH LANE  
City-State-Zip: WILLISTON FL 32696

*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:** PASCAL BOULET

MEMBER

02/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date