

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037033

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** ALPHA AUTO PAINT, LLC

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR  
287  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR  
287  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 37-1582836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOFGE, DAVID  
1835 NE MIAMI GARDENS DR  
287  
MIAMI, FL 33179 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOFGE, DAVID  
Address: 1835 NE MIAMI GARDENS DR #287  
City-St-Zip: MIAMI, FL 33179

Title: MGRM  
Name: KATTAN, SHALOM  
Address: 1600 W. CAMPBELL AVE #206  
City-St-Zip: CAMPBELL, CA 95008

Title: MGRM  
Name: LO, DOUGLAS  
Address: 1600 W. CAMPBELL AVE #206  
City-St-Zip: CAMPBELL, CA 95008

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID SOFGE

MGRM

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date