

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001969

**Entity Name:** ALPHA LEASING, L.L.C.**Current Principal Place of Business:**561 PEARL HARBOR DRIVE  
DAYTONA BEACH, FL 32114**Current Mailing Address:**561 PEARL HARBOR DRIVE  
DAYTONA BEACH, FL 32114 US**FEI Number:** 59-3697775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, DAVID J.  
200 WEST FORSYTH STREET  
SUITE 1300  
JACKSONVILLE, FL 32202 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:** DAVID J. EDWARDS

02/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name RESLAN, GHASSAN M  
Address 561 PEARL HARBOR DRIVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title MANAGER  
Name EDWARDS, SPENCE J  
Address 561 PEARL HARBOR DRIVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title MANAGER  
Name WHITMAN, BRADLEY  
Address 308 EAST LANCASTER AVENUE  
City-State-Zip: WYNNEWOOD PA 19096

Title MANAGER  
Name SERVENTI, JESSE  
Address 308 EAST LANCASTER AVENUE  
City-State-Zip: WYNNEWOOD PA 19096

Title MANAGER  
Name HILL, FRED  
Address 308 EAST LANCASTER AVENUE  
City-State-Zip: WYNNEWOOD PA 19096

Title CFO  
Name CRIGLER, CHARLES R  
Address 561 PEARL HARBOR DRIVE  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** CHARLES R CRIGLER

CFO

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date