

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017008

**Entity Name:** ALPHA , LLC

**Current Principal Place of Business:**

2034 TANGLEWOOD DR NE  
ST.PETERSBURG, FL 33702

**Current Mailing Address:**

PO BOX 22782  
ST.PETERSBURG, FL 33742

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VASSILEV, EVELINA V  
2034 TANGLEWOOD DR. NE  
ST. PETERSBURG, FL 33702 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 VASSILEV, EVELINA V  
Address PO BOX 22782  
City-State-Zip: ST.PETERSBURG FL 33742

*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:** EVELINA V. VASSILEV

**MGR**

**02/28/2015**

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

\_\_\_\_\_  
Date