

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025597

**Entity Name:** ALPHA MANAGEMENT LLC

**Current Principal Place of Business:**

830 BAYRIDGE LANE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

830 BAYRIDGE LANE  
PORT ORANGE, FL 32127 US

**FEI Number:** 20-0698076

**Certificate of Status Desired:** No

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

BOYER, SHARON A  
830 BAYRIDGE LANE  
PORT ORANGE, FL 32127 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            PRES  
Name            BOYER, SHARON A  
Address        830 BAYRIDGE LANE  
City-State-Zip: PORT ORANGE FL 32127

*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:** SHARON A BOYER

**PRESIDENT**

**01/19/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date