## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043449

Entity Name: ALPINE CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:** 

780 5TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102

## **Current Mailing Address:**

780 5TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 US

FEI Number: 20-2814864 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SAVAGE, JAMISON 780 5TH AVENUE SOUTH SUITE 200 NAPLES, FL 34102 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

FILED Apr 29, 2015

**Secretary of State** 

CC0767559619

## Authorized Person(s) Detail:

Title MGRM

Name SAVAGE, JAMISON

Address 780 5TH AVENUE SOUTH

SUITE 200

SIGNATURE: JAMISON SAVAGE

City-State-Zip: NAPLES FL 34102

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING PARTNER 04/29/2015

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Date