

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003411

Entity Name: ALPHA PARTNERS, LLC

Current Principal Place of Business:

3619 LAKE CENTER DRIVE
MOUNT DORA, FL 32757

Current Mailing Address:

3619 LAKE CENTER DRIVE
MOUNT DORA, FL 32757 US

FEI Number: 20-8199921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERKEN, SCOTT A
4850 N HIGHWAY 19A
MOUNT DORA, FL 32757 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 PRESIDENT
Name NAGEL, SHIRLEY DR.
Address 714 BEAUCLAIR PL
City-State-Zip: THE VILLAGES FL 32163

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: SHIRLEY NAGEL

PRESIDENT

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date