

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013262

**Entity Name:** ALPHA AVIATION, LLC

**Current Principal Place of Business:**

12555 BISCAYNE BLVD  
420  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12555 BISCAYNE BLVD  
420  
NORTH MIAMI, FL 33181

**FEI Number:** 20-8383126

**Certificate of Status Desired:** No

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

ALRED, JOHN W  
12555 BISCAYNE BLVD  
420  
NORTH MIAMI, FL 33181 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            ALRED, JOHN  
Address        12555 BISCAYNE BLVD, SUITE 420  
City-State-Zip: NORTH MIAMI FL 33181

*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:** JOHN ALRED

**MANAGER**

**03/09/2018**

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

\_\_\_\_\_  
Date