

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063189

**Entity Name:** ALPHAROCK, LLC

**Current Principal Place of Business:**

8934 OLDE HICKORY AVENUE  
SARASOTA, FL 34238

**Current Mailing Address:**

27 MICA LANE  
C/O BARROCK CAPITAL LLC SUITE 202  
WELLESELY, MA 02481 US

**FEI Number:** 14-2001645

**Certificate of Status Desired:** No

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

DALY, WILLIAM P  
8934 OLDE HICKORY AVENUE  
SARASOTA, FL 34238 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:** WILLIAM P. DALY

04/29/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DALY, WILLIAM P  
Address 8934 OLDE HICKORY AVENUE  
City-State-Zip: SARASOTA FL 34238

Title MGRM  
Name DALY, DAVID J  
Address 27 MICA LANE  
C/O BARROCK CAPITAL LLC SUITE  
202  
City-State-Zip: WELLESELY MA 02481

Title MGRM  
Name O'NEILL, WILLIAM JJR.  
Address 51 WINGAERSHEEK ROAD  
City-State-Zip: GLOUCESTER MA 01930

Title MGRM  
Name SIDHOM, NADER  
Address 75 BROOKLINE STREET  
City-State-Zip: NEEDHAM MA 02492

*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:** WILLIAM P DALY

MGRM

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date