

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000054824

Entity Name: ALPMEDICA LLC

Current Principal Place of Business:

15811 COLLINS AVE
#1706
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

15811 COLLINS AVE
#1706
SUNNY ISLES BEACH, FL 33160

FEI Number: 47-2465453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOMA, OLEG V
15811 COLLINS AVE
#1706
SUNNY ISLES BEACH, FL 33160 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 MGR
Name STOMA, OLEG
Address 15811 COLLINS AVE., #1706
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: OLEG STOMA

MGR

02/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date