

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000017953

Entity Name: 5549 ALPA LLC

Current Principal Place of Business:

2311 MYRA STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2311 MYRA STREET
JACKSONVILLE, FL 32204

FEI Number: 45-4479125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMALL BUSINESS ASSOCIATES INC
4070 HERSCHEL ST
SUITE 1
JACKSONVILLE, FL 32210 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 GRANT-DOOLEY, JOHN
Address 2311 MYRA STREET
City-State-Zip: JACKSONVILLE FL 32204

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: GRANT-DOOLEY, JOHN

MGR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date