

**2014 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

04/30/2014

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

\_\_\_\_\_  
Date