

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000109685

Entity Name: ALPHA PLAN LLC

Current Principal Place of Business:

36 PALERMO AV
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 144191
CORAL GABLES, FL 33114 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, ALEXANDER W
36 PALERMO
CORAL GABLES, FL 33134 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 MGRM
Name ALEXANDER, ADAMS W
Address P.O. BOX 144191
City-State-Zip: CORAL GABLES FL 33114

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: ALEXANDER ADAMS

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date