

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000132123

**Entity Name:** ALPHA REPOSSESSION AND RECOVERY LLC

**Current Principal Place of Business:**

504 SOUTH 33RD STREET  
FORT PIERCE, FL 34947

**Current Mailing Address:**

504 SOUTH 33RD STREET  
FORT PIERCE, FL 34947

**FEI Number:** 46-1211729

**Certificate of Status Desired:** Yes

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

DIFRANCESCO, ANTHONY  
504 SOUTH 33RD STREET  
FORT PIERCE, FL 34947 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 DIFRANCESCO, ANTHONY  
Address 13826 ORANGE AVE.  
City-State-Zip: FORT PIERCE FL 34947

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY DIFRANCESCO

MANAGER

04/30/2013

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

\_\_\_\_\_ Date