

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136139

**Entity Name:** ALPHA WAY, LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PARKWAY  
17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PARKWAY  
17  
ORLANDO, FL 32819 US

**FEI Number:** 46-1278498

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
7901 KINGSPONTE PARKWAY  
17  
ORLANDO, FL 32819 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:** CAROLINE LARSON

03/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name DOS SANTOS, SANDRO C  
Address 7901 KINGSPONTE PARKWAY  
17  
City-State-Zip: ORLANDO FL 32819

Title MANAGER  
Name MENDONCA, ANAI B  
Address 7901 KINGSPONTE PARKWAY  
17  
City-State-Zip: ORLANDO FL 32819

*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:** SANDRO C DOS SANTOS

AUTHORIZED MEMBER

03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date