

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000011041

**Entity Name:** ALPHA ALLIANCE LLC

**Current Principal Place of Business:**

5105 PRESIDENTIAL STREET  
SEFFNER, FL 33584

**Current Mailing Address:**

5105 PRESIDENTIAL STREET  
SEFFNER, FL 33584 US

**FEI Number:** 46-1243556

**Certificate of Status Desired:** No

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

PRESSON, AUDREY M  
5105 PRESIDENTIAL STREET  
SEFFNER, FL 33584 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 PRESSON, AUDREY  
Address 5105 PRESIDENTIAL STREET  
City-State-Zip: SEFFNER FL 33584

Title AMBR  
Name PRESSON, AUDREY  
Address 5105 PRESIDENTIAL STREET  
City-State-Zip: SEFFNER FL 33584

*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:** AUDREY PRESSON

**REGISTERED AGENT /  
MANAGER / OWNER**

**02/23/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date