

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000157354

**Entity Name:** ALPG LLC.

**Current Principal Place of Business:**

3301 N.W. 47TH TERRACE  
#217  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

3301 N.W. 47TH TERRACE  
#217  
LAUDERDALE LAKES, FL 33319

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COMBS, PATRICIA C  
3301 N.W. 47TH TERRACE  
#217  
LAUDERDALE LAKES, FL 33319 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 URBANO, LOUIS  
Address 152 RIVERSIDE DRIVE  
City-State-Zip: WEST HARWICH MA 02671

Title MGRM  
Name COMBS, PATRICIA C  
Address 3301 N.W. 47TH TERRACE, #217  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title MGRM  
Name MORRIS, AGNES F  
Address 407 CHERRY POINT COURT  
City-State-Zip: ST. MARYS GA 31558

*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:** PATRICIA C. COMBS

**DIRECTOR**

**01/25/2018**

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

\_\_\_\_\_  
Date