

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000004701

**Entity Name:** ALFA PRIME GROUP LLC

**Current Principal Place of Business:**

1850 S OCEAN DRIVE  
3908  
HALLANADALE, FL 33009

**Current Mailing Address:**

231 174TH STREET  
808  
SUNNY ISLES, FL 33160 US

**FEI Number:** 46-4469428

**Certificate of Status Desired:** No

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

KOGAN PROBER, P.A.  
200 S ANDREWS AVE  
SUITE 901  
FORT LAUDERDALE, FL 33301 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 LAPOVOK, ROMAN  
Address 231 174TH STREET  
808  
City-State-Zip: SUNNY ISLES FL 33160

*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:** ROMAN LAPOVOK

MGRM

01/22/2019

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

\_\_\_\_\_  
Date