

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000112692

Entity Name: ALPHA ASSOCIATION MANAGEMENT LLC

Current Principal Place of Business:

411 DONNELLY STREET
SUITE 308
MOUNT DORA, FL 32757

Current Mailing Address:

P.O. BOX 1303
MOUNT DORA, FL 32756 US

FEI Number: 47-1413451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THORNTON, SHAWN
411 DONNELLY STREET
SUITE 308
MOUNT DORA, FL 32757 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 AMBR
Name THORNTON, SHAWN
Address 423 LAURA LANE
City-State-Zip: MOUNT DORA FL 32757

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: SHAWN THORNTON

AMBR

01/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date