

**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