

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000157537

**Entity Name:** ALP126, LLC

**Current Principal Place of Business:**

4560 NW 107 AVE APT 101  
DORAL, FL 33178

**Current Mailing Address:**

4560 NW 107 AVE APT 101  
DORAL, FL 33178 US

**FEI Number:** 47-2046384

**Certificate of Status Desired:** No

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

PAREDES, ALEJANDRO  
4560 NW 107 AVE APT 101  
DORAL, FL 33178 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 PAREDES, ALEJANDRO  
Address 959 SW 122ND AVE  
City-State-Zip: PEMBROKE PINES FL 33025

Title AMBR  
Name LARA, MAILEN  
Address 959 SW 122ND AVE  
City-State-Zip: PEMBROKE PINES FL 33025

*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:** ALEJANDRO PAREDES

MGRM

04/21/2015

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

\_\_\_\_\_ Date