## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000126621

Entity Name: ALPHA AUTOBREED LLC

**Current Principal Place of Business:** 

1314 EAST LAS OLAS BOULEVARD, SUITE 500

FORT LAUDERDALE, FL 33301

## **Current Mailing Address:**

1314 EAST LAS OLAS BOULEVARD, SUITE 500 FORT LAUDERDALE, FL 33301 US

FEI Number: 47-4666182 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSES, MAXIMUS 1314 EAST LAS OLAS BOULEVARD, SUITE 500 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

FILED Apr 02, 2017

**Secretary of State** 

CC0847932261

Authorized Person(s) Detail:

Title AMBR Title MGR

Name BARNETT, JAMES Name BARNETT, JAMES

Address 1314 EAST LAS OLAS BOULEVARD, Address 1314 EAST LAS OLAS BOULEVARD,

SUITE 500 SUITE 500

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR Title MGR

Name MOSES, MAXIMUS Name MOSES, MAXIMUS

Address 1314 EAST LAS OLAS BOULEVARD, Address 1314 EAST LAS OLAS BOULEVARD,

SUITE 500 SUITE 500

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail