

2016 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

Authorized Person(s) Detail :

Title AMBR
Name BARNETT, JAMES
Address 1314 EAST LAS OLAS BOULEVARD,
SUITE 500
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR
Name BARNETT, JAMES
Address 1314 EAST LAS OLAS BOULEVARD,
SUITE 500
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name MOSES, MAXIMUS
Address 1314 EAST LAS OLAS BOULEVARD,
SUITE 500
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR
Name MOSES, MAXIMUS
Address 1314 EAST LAS OLAS BOULEVARD,
SUITE 500
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR
Name CAMPINS, KARINA
Address 1314 EAST LAS OLAS BOULEVARD,
SUITE 500
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.

SIGNATURE: JAMES BARNETT**PRESIDENT****03/20/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date