

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000170888

Entity Name: ALPHA PRIME LOGISTICS, LLC**Current Principal Place of Business:**2346 IRONSTONE DR W
JACKSONVILLE, FL 32246**Current Mailing Address:**2346 IRONSTONE DR W
JACKSONVILLE, FL 32246 US**FEI Number:** 47-5266565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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	OSPINA, CARLOS
Address	10795 NW 50TH ST APT 207
City-State-Zip:	DORAL FL 33178

Title	AMBR
Name	ROMERO, JOSE FELIPE
Address	10720 NW 66TH ST APT 204
City-State-Zip:	DORAL FL 33178

Title	AMBR
Name	ROMERO, JUAN CAMILO
Address	2346 IRONSTONE DR W
City-State-Zip:	JACKSONVILLE FL 32246

Title	AMBR
Name	MENESES, ASTRID
Address	10720 NW 66TH ST APT 204
City-State-Zip:	DORAL FL 33178

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: JUAN CAMILO ROMERO

AMBR

07/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date