

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000208484

**Entity Name:** ALPHA FINISH MIAMI LLC

**Current Principal Place of Business:**

8885 FOUNTAINEBLEAU BLVD  
SUITE 101  
MIAMI, FL 33172

**Current Mailing Address:**

8885 FOUNTAINEBLEAU BLVD  
SUITE 101  
MIAMI, FL 33172 US

**FEI Number:** 81-0872609

**Certificate of Status Desired:** Yes

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

SABALLOS, EMILIO J  
8885 FOUNTAINEBLEAU BLVD  
SUITE 101  
MIAMI, FL 33172 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                               | Title           | AMBR                    |
| Name            | SABALLOS, EMILIO J                 | Name            | SALAS, OMAR             |
| Address         | 8885 FOUNTAINEBLEAU BLVD SUITE 101 | Address         | 8600 SW 109 AVENUE #219 |
| City-State-Zip: | MIAMI FL 33172                     | City-State-Zip: | MIAMI FL 33173          |

*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:** EMILIO J SABALLOS

AMBR

04/23/2016

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

\_\_\_\_\_  
Date