

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000030082

**Entity Name:** ALPHA FLORIDA, LLC

**Current Principal Place of Business:**

9240 SUNSET DRIVE, SUITE 236  
MIAMI, FL 33173

**Current Mailing Address:**

9240 SUNSET DRIVE, SUITE 236  
MIAMI, FL 33173 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMA MANAGEMENT SERVICES, INC.  
9240 SUNSET DRIVE, SUITE 236  
MIAMI, FL 33173 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:** SMA MANAGEMENT SERVICES INC

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EIRIS, RAUL  
Address 9240 SUNSET DRIVE, SUITE 236  
City-State-Zip: MIAMI FL 33173

Title AR  
Name SMA PROFESSIONAL SERVICES, INC.  
Address 9240 SUNSET DRIVE, SUITE 236  
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:** EIRIS , RAUL

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date