

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000115798

Entity Name: ALPHA FABRICATION LLC**Current Principal Place of Business:**39 MINGLEHAZE DRIVE
ETOBICOKE ONTARIO, CANADA M9V 4W6**Current Mailing Address:**39 MINGLEHAZE DRIVE
ETOBICOKE ONTARIO, CANADA M9V 4W6 CA**FEI Number:** 81-2945079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALPHA FABRICATION INC.86366 5501
11617 SANDY VIEW CT
CLERMONT, FL 34711 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:** SHAHEED MOAKHAN

04/26/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMGR
Name	MOAKHAN, SHAHEED	Name	ZALFAQUARUDDIN, FIZAL
Address	39 MINGLEHAZE DR	Address	1045 ROBARTS ROAD
City-State-Zip:	ETOBICOKE M9V 4W6	City-State-Zip:	OAKVILLE L6H 2B2
Title	OTHER/OWNER	Title	MANAGER
Name	ALPHA FABRICATION INC. 86366 5501	Name	MOAKHAN, ADNAN
Address	39 MINGLEHAZE DRIVE	Address	39 MINGLEHAZE DRIVE
City-State-Zip:	ETOBICOKE ONTARIO M9V 4W6	City-State-Zip:	ETOBICOKE ONTARIO M9V 4W6
Title	OWNER/MANAGER	Title	OWNER/MANAGER
Name	MOAKHAN, ALIAH FARRAH	Name	MOAKHAN, RAHEEM
Address	39 MINGLEHAZE DRIVE	Address	39 MINGLEHAZE DRIVE
City-State-Zip:	ETOBICOKE ONTARIO M9V 4W6	City-State-Zip:	ETOBICOKE ONTARIO M9V 4W6

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: MOAKHAN, SHAHEED

MGR

04/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date